

P
Med
N.

Vol. CVIII

MARCH, 1914

Number 3

NASHVILLE JOURNAL OF MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor and Proprietor
E. S. McKEE, M. D., Cincinnati, Associate Editor

PUBLISHED MONTHLY - - \$1.00 a Year in Advance

Entered at the Post-Office at Nashville, Tenn., as Second-Class Matter

Williams Ptg. Co., Printers, 156 Fourth Avenue, North, Nashville, Tenn.

Tongaline

**Does not cause
the injurious effects on the stomach,
or the other disturbances of
salicylism produced by the
sodium salicylate made from coal-tar.**

Furthermore the uniformly good results
from Tongaline are secured largely by the
thorough and constant absorption of the
salicylic acid it contains because this is
made from the natural oil of wintergreen.

Samples by Express prepaid - Mellier Drug Company. St. Louis.

Contents for March, 1914

PROCEEDINGS OF SOCIETIES.

| | |
|---|----|
| The Medical Treatment of Exophthalmic Goitre..... | 97 |
|---|----|

SELECTED ARTICLE.

| | |
|--|-----|
| The Need of Individualization in Obstetrics..... | 104 |
|--|-----|

EXTRACTS FROM HOME AND FOREIGN JOURNALS.

SURGICAL.

| | |
|--|-----|
| The Thermic Treatment of Cancer..... | 117 |
| Treatment of Fissure of the Anus with Tincture of Iodine.. | 118 |
| The Radium Treatment of Cancer..... | 119 |
| Quinin and Urea Injections in Hyperthyroidism..... | 120 |
| Surgical Treatment of Hyperthyroidism..... | 121 |

MEDICAL.

| | |
|--|-----|
| Bleeding in Typhoid..... | 123 |
| The Use of Urotropin in Dermatology..... | 124 |
| Caffeine as a Heart Stimulant..... | 124 |
| Foci of Incipient Tuberculosis..... | 125 |
| A New Sign in Pneumothorax, Particularly in Artificial Pneumothorax | 126 |
| "Innocent" Diabetes in Children..... | 127 |

OBSTETRICAL.

| | |
|---|-----|
| Gynecological Hints | 123 |
| Relief of Pain in Gynecological Cases..... | 129 |
| Use of Ovarian Extract..... | 130 |
| Thyroid Tissue Tumor of the Ovary..... | 130 |
| Retroversion of the Uterus and the Dorsal Position in the Puerperium | 131 |
| Treatment of Dysmenorrhea..... | 132 |
| EDITORIAL | 133 |

LISTERINE

Listerine is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated, a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine is unirritating, even when applied to the most delicate tissues; in its full strength it does not coagulate serous albumen.

For those purposes wherein a poisonous or corrosive disinfectant can not be safely employed, Listerine is the most acceptable antiseptic for a physician's prescription.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

In the treatment of summer complaints of infants and children, Listerine is extensively prescribed in doses of 10 drops to a teaspoonful.

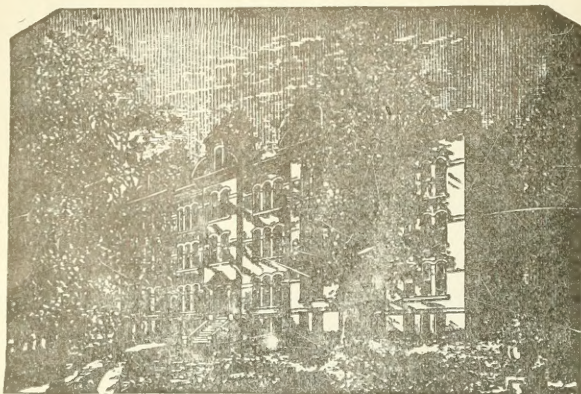
In febrile conditions, nothing is comparable to Listerine as a mouth wash; two or three drachms to four ounces of water.

"The Inhibitory Action of Listerine," 128 pages descriptive of the antiseptic, may be had upon application to the manufacturers.

LAMBERT PHARMACAL COMPANY,

Locust and Twenty-first Streets

ST. LOUIS, MISSOURI



Beechhurst Sanitarium

Louisville, Ky.

H. B. SCOTT, A.M., M.D.

Medical Supt.

E. P. THOMAS

Business Manager

A Sanitarium for the Treatment of Mild Mental Diseases, Drug Addictions and Alcholism.

The main building at Beechhurst is commodious, and has been remodeled and newly furnished. Detached apartments for special cases, besides arrangements in both male and female departments for classification of patients. It is heated by steam, lighted by electricity, and water supplied by city waterworks.

Grounds elevated, ample, and beautifully wooded. Location retired, although within half a mile of East Louisville Station, and four hundred yards from the street car line.

Treatment: Such as is ordinarily employed in proper institutions of similar character.

Long Distance Telephone, East, 257-A.

Home Telephone, 3565.

SANMETTO FOR GENITO-URINARY DISEASES.

A Vitalizing Tonic to the Reproductive System.

Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—
Cystitis—Urethritis—Pre-Senility.

SOOTHING — RELIEVING — RESTORING.

DOSE:—One Teaspoonful Four Times a Day.

W. D. CHEM. CO., NEW YORK.

Beware of the so-called Elixir Compounds claiming to be "the same thing" or "just as good" if you do not wish to be disappointed.

THE EASY BODY REST



SOLID COMFORT.

Get one now. You need it for sitting or lying in bed. A solid unbreakable steel frame attachable to any metal bed. Change from flat to reclining or sitting posture instant and easy. Makes reading, writing or eating in bed a pure pleasure.

In sickness a Godsend to patient, doctor and nurses or attendants in the sick room. A boon to nursing mothers. Better than medicine for convalescents. Changing position relieves bed weariness, nervousness, strain, bed sores. No shifting or bunching of hot pillows. Cool, hygienic. Drops out of way and out of sight when not needed. For present comfort and possible emergency should be in every home.

Used in all hospitals, sanitariums and in 100,000 homes. Highly recommended by doctors and nurses everywhere. Price only \$5. F. O. B. Chicago. Money back if not perfectly satisfied. Order today.

Illustrated Booklet Free.



Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. **HANDBOOK** on Patents sent free. Oldest agency for securing patents. Patents taken through Munn & Co. receive special notice, without charge, in the

Scientific American.

A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, \$3 a year; four months, \$1. Sold by all newsdealers.

MUNN & Co. 361 Broadway, New York
Branch Office, 625 F St., Washington, D. C.

K.O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO- THYMOLINE

FOR

CATARRHAL CONDITIONS

Nasal, Throat
Intestinal
Stomach, Rectal
and Utero-Vaginal

KRESS & OWEN COMPANY

361-363 PEARL ST. NEW YORK

TULANE UNIVERSITY

OF LOUISIANA

MEDICAL DEPARTMENT (Under-Graduate)

77th Annual Session opens October 1, 1910. Four years' course; unexcelled laboratory and clinical facilities. Dormitory for medical students in first two years. Over 70 teachers.

DEPARTMENT OF PHARMACY

Established in 1838. Two graded course of 32 weeks for degree of Ph.C. Food and drug analysis for students prepared. Women admitted on same terms as men.

OPPORTUNITIES FOR CLINICAL INSTRUCTION UNSURPASSED BY ANY MEDICAL COLLEGE IN THE UNITED STATES. FEES AVERAGE ABOUT \$1.50 PER SESSION. -:- -:- -:- -:-

FOR CATALOGS ADDRESS

DR. ISADORE DYER, Dean

P. O. Drawer 261

New Orleans, La.

ST. JOSEPHS MATERNITY

Cor. Magazine and Race Sts., New Orleans, La.

This institution is prepared to accommodate married patients as well as those desiring strict privacy during pregnancy and confinement.

Private rooms and ward service. Special confinement and operating-room, and all other modern facilities for attention to maternity patients.

For further particulars address

SISTERS OF CHARITY,

Cor. Magazine and Race Sts.,

J. J. RYAN, M. D. Physician in Charge.

New Orleans, La.

Kramer's \$5.00 Book of Trade Secrets

Reduced to \$1.00 While They Last. Only Few Copies Left.

The price of Kramer's Book of Valuable Formulas, Recipes, Trade Secrets, Processes, etc., has been reduced from \$5.00 to \$1.25 for a short time. Order the book while you can get it. "It's" a spring tonic for any business. Did "go" into every State and Canada, besides several foreign countries this year. "It" makes business "go" and brings in the \$\$\$ to you. Endorsed by all manufacturers.

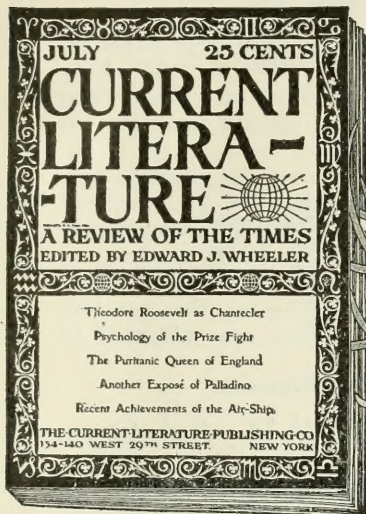
THERE IS ONLY ONE KRAMER'S BOOK

"Kramer's Book of Trade Secrets" was written by Adolph Kramer, Analytical Chemist, assisted by other experts. Mr. Kramer was educated in Germany's most noted Technical schools, and was for over 30 years connected with the large manufacturing concerns in Germany and the U. S. It is the most complete thing ever written on flavoring Extracts, giving formulas that have never been published, costing from 30c per gallon and wholesaling for \$3.50 per gal. up. It contains hundreds of other formulas which never have appeared in print, where the cost has ranged for each formula to sets of formulas, from \$5.00 to \$100.00. Every person who is out of employment can make more out of this book than a person in ordinary business can on a capital of \$10,000.

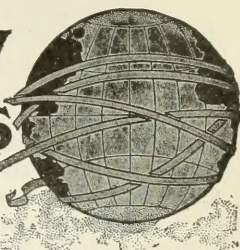
"KRAMER ON ICE CREAM" is a booklet which has just been issued, telling how to make a prime ICE CREAM for 10c gal., absolutely pure and will pass in any food law State, besides giving a number of other formulas and information. Can't tell all about it here. Regular price \$2 50, now \$1.00 or both books \$2.00. Act quick.

SIOUX PUBLISHING COMPANY, Desk U.

Sutherland, Iowa.



A Review of the Times



Nine Brilliantly
Edited Departments Giving
A Comprehensive Survey of
The World's Activities and Thought.

ANEDEMIN

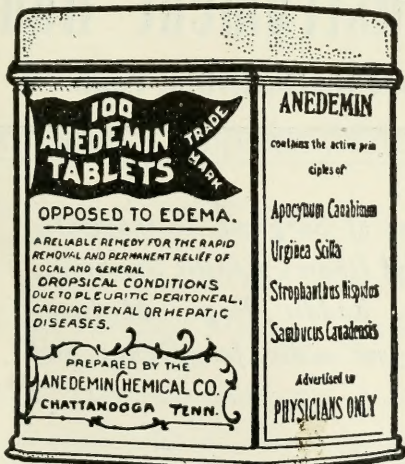
Known as the best
and best known R
for all Dropsies.

40 000
Physicians
Prescribe
and
Indorse
Anedemin.

A Trial
Convinces
the Most
Skeptical.

Read and
Accept
Our Offer
Extraor-
dinary.

(Fill Out
and Return
Today)



ANEDEMINE

contains the active prin-
ciples of

Apocynum Canadense

Urtica Sols

Strophantus Hispidus

Sambucus Canadensis

Advised by
PHYSICIANS ONLY

ANEDEMINE CHEMICAL CO., Chattanooga, Tenn.

Please mail to me prepaid 100 Anedemin Tablets with literature. I will try them out thoroughly and if I get results as you claim I will remit you \$1.00 in 30 or 60 days, if no results I owe you nothing. I am to be judge. I am to receive original can which physicians pay \$1.50 for.

Sign....., M.D.

City..... State.....

Street No. or R. F. D.

The Jefferson Medical College

1825

OF PHILADELPHIA

1909

A Chartered University Since 1836

85th Annual Session Begins Sept. 24th, 1909, and Ends June 6th, 1910

The Course is of four years duration and is eminently practical throughout. Practical manual training in ten different and fully equipped laboratories. Recitations by members of the Faculty and others. The new Jefferson Hospital, with unsurpassed facilities for clinical teaching, entirely owned and controlled by the College, is devoted to the instruction of students. Small sections and intimate personal contact with patients in the wards and dispensaries. A library of 4,200 volumes, in charge of a trained librarian, is available for the use of the students, without charge. An opportunity for every graduate to enter hospital service. An optional Five Year Course is offered. Post-graduate Courses throughout the summer and during the session. Special students possessing sufficient qualifications are admitted to all courses.

Special Announcements will be Sent Upon Application to

ROSS V. PATTERSON, M.D., Sub-Dean

New Surgical Instrument House

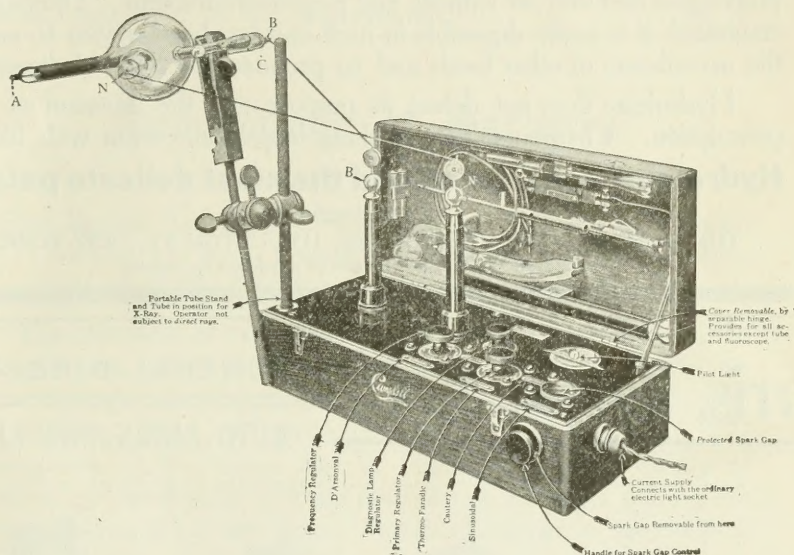
Church and 4th Avenue N., Nashville, Tenn.

*We carry a complete line of Surgical Instruments,
Trusses, Crutches, Invalid Chairs, Elastic Stockings,
Braces for Deformities, Saddle Bags, Medicine
Cases. We also solicit your order for Drugs and
Pharmaceuticals. : : : : : :*

DeMoville Surgical Instrument Company

Eight Outfits in One

X-RAY
THERMO-FARADIC D'ARSONVAL
CAUTERY SINUSOIDAL
DIAGNOSTIC LAMP EYE MAGNET
HIGH FREQUENCY



Campbell Complete Office and Portable Outfit

Guaranteed to produce more than enough current for any X-Ray work and has in addition seven other valuable currents.

SAVES YOU OVER \$100

Increase your office practice by installing an outfit on our very easy payment plan. Office Practice is Cash Business.

Write for Catalogue of these coils or any other Electro-Therapeutic Apparatus.

Southern and Western Sales Agents
CAMPBELL ELECTRIC CO., Lynn, Mass.

Due and Further Knowledge of Its
Quality Can Only Increase
Professional Approval
of

HYDROLEINE

In practice Hydroleine has been found to reliably meet requirements for a nourishing food-fat of marked dependability. It is pure, fresh Norwegian cod-liver oil without any medicinal admixture. Thoroughly emulsified, it is easily digestible in itself and has been known to aid in the assimilation of other foods and to promote the habit of digestion.

Hydroleine does not defeat its purpose nor the intention of the prescription. Children take it without objection,—even with liking.

Hydroleine does not offend the most delicate palate

Sold by druggists

THE CHARLES N. CRITTENTON CO., 115 FULTON ST., NEW YORK

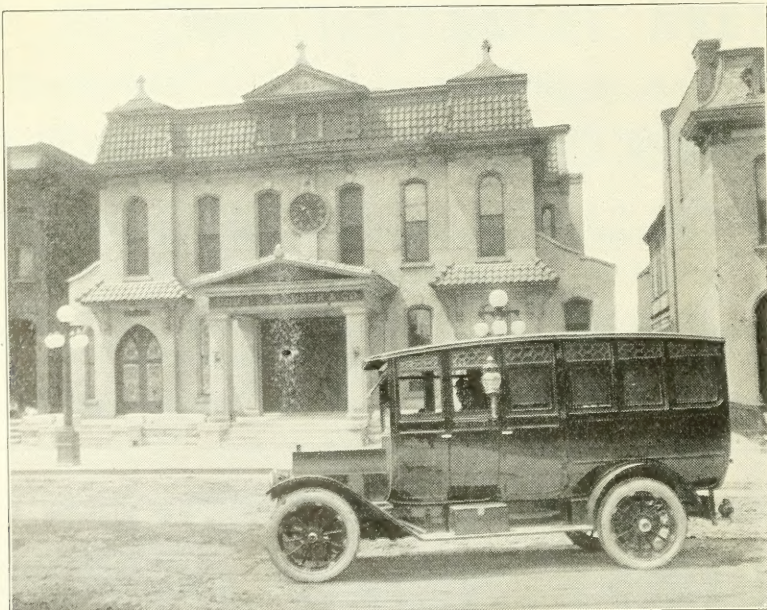
Sample with literature will be sent to physicians on request.

Dorris, Karsch & Co.

FUNERAL DIRECTORS

AUTO-AMBULANCE SERVICE

TELEPHONE
MAIN
479



TELEPHONE
MAIN
1369

CORNER OF COMMERCE STREET AND NINTH AVENUE, NORTH, NASHVILLE, TENNESSEE

NASHVILLE JOURNAL — OF — MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor

VOL. CVIII.

MARCH, 1914.

No. 3

Proceedings of Societies

"The Medical Treatment of Exophthalmic Goitre."*—By David Bovaird, Jr., M.D., Assistant Professor of Clinical Medicine, College of Physicians and Surgeons, New York.

The treatment of exophthalmic goitre, just as the treatment of any disease, will be influenced, to a greater or less extent, by the theories held as to the causation of the symptoms of that disease. The pathology of exophthalmic goitre is very indefinite. The symptoms of the disease may be found with such a variety of lesions of the thyroid that one can not put his finger on any one and say that this is the cause. We also find that in the study of the pathology of the disease, men are driven to seek for some explanation outside of the thyroid itself. It is generally conceded that the phenomena of exophthalmic goitre are for the most part produced by the excessive function of the gland. This is generally accepted, but the problem is: What causes the excessive function of the thyroid? Is the cause in the thyroid itself or in some more or less distant organ of the body, or in the nervous condition of the patient? Then, going further back, men are more and more raising questions as to the inter-relation of the several internal glands of secretion of the body, and are suggesting how one and now another inter-action;—that it is not

*Read by invitation before the Clinical Society of the New York Post-Graduate Medical School and Hospital, December 19, 1913.

the thyroid, but the thymus, or the adrenals, or the hypophysis, or everything put together which results in the phenomena of Basedow's disease; and before you have finished you are in the borderland of "Weiss nicht wo" and don't know exactly what are the facts or what any particular fact means. After studying all the theories and explanations, the man who has much practical experience in handling cases of exophthalmic goitre must ask himself what are the conceptions of the disease that are really helpful in the treatment?

They are two: (1) The symptoms of exophthalmic goitre are, in the main, produced by the excessive function of the thyroid gland. (2) These patients are of distinctly unstable nervous equilibrium (there is an excessive action of the nervous system). Now whether this be the fundamental basis or the result does not matter much. We know that the nervous equilibrium is very unstable, and these patients represent a type of excessive nerve irritability. Our treatment therefore can not be directed to a specific cause, as we do not know the cause; it must be in the main symptomatic, and it is often purely empirical.

It is necessary at this time to say a word in behalf of medical treatment. The successes of surgery are so brilliant that many of us are inclined to think that we must look to surgery in cases where we should be more conservative. The tendency at the present time is to operate upon too many cases of exophthalmic goitre. When one comes to look into this matter, he finds that there is some very interesting information to be had upon this point. Forcheimer has advocated the medical treatment of goitre, and reports having treated seventy-six cases with almost uniform success, and not a death in the series. The only death he had seen resulted from thyroid feeding.

In like manner, Jackson and Mead treated a series of eighty-five cases with but three deaths (only one under their own care). Baker reports a series of fifty cases, of which forty-four were alive eight years from the first record. Of the six deaths, none occurred from exophthalmic goitre or any of its complications.

On the other hand, when we examine the mortality of exophthalmic goitre from surgical and other methods of treatment, we

find that Sattler from the literature estimates it as about seven per cent; Kocher gives twenty-two per cent; and other estimates vary between twelve and twenty-five per cent; and in severe types Mackenzie says thirty per cent. It is almost impossible to compare the different series of statistics, as the results depend so largely upon the material and conditions under which one works, whether private or public—Forcheimer's seventy-six cases were private patients. The milder cases such as Jackson and Mead speak of, were dispensary patients. The severer cases only just come to the hands of the surgeon and furnish the results stated; but these figures are quoted merely to show that large numbers of cases of exophthalmic goitre may be treated by purely medical measures with substantial success, and that there are clinicians of wide observation, like Forcheimer, who call very little upon the surgeon. Forcheimer's patients were largely private patients in whom the diagnosis was presumably made at an early stage, and successful treatment depends largely upon early recognition of the condition, before the eyes are bulging from the head. He recognized the cases in the early stage, and by treating them accordingly he got very satisfactory results. From the practical standpoint, that is what we want to do—to recognize the condition in its early stages and not to wait until the patient is almost *in extremis* before attempting to stop the progress of the disease.

Now there is what may fairly be called a medical treatment of exophthalmic goitre, and for the most part it is so simple that after I had agreed to come and talk to you about it and began to think what I should say, it seemed to me that I should find difficulty in saying anything of interest. In many of our therapeutic efforts we make the mistake of trying to be too wise and we do not give attention to the simple things that count most. In the medical treatment of exophthalmic goitre, the first thing that appears to be important is rest. This does not mean that every patient must go to bed and stay there. The treatment must vary with the individual and the severity of the symptoms. If you watch these patients you will find that fatigue will tell severely upon them. Everyone of them will react more or less to

properly applied rest—in ambulant cases, the relief of excessive physical or mental activity; in other cases absolute rest in bed, with the avoidance of all forms of activity. But the principle is the same. To my mind this is one of the most important considerations in the treatment of this disease. As improvement occurs, activity is to be gradually and very carefully resumed. Just as fatigue will produce the disease, it may bring it back in the stage of convalescence or recovery.

Next, one speaks of the diet of these patients. For many years we have sought specific diets for different conditions, and many of us have spent weary hours in studying diet lists in various books for gout, rheumatism, or other diseases. We have found that there is no specific diet for exophthalmic goitre, but the same principles apply to the alimentary tract as to the remainder of the body. We aim to feed the patient to the utmost with the least tax on the digestive system. There is first of all an excessive nitrogenous excretion depending upon excessive protein destruction, for which we would naturally infer that we should feed these patients with nitrogen in large quantities; but we find that that is the most effective diet to stir up the activity of the gland, so that meat is advised against. We must aim to nourish our patients by the carbohydrates and fats, and by frequent feedings of small quantities, using also eggs and milk. We must aim to meet the more or less rapid emaciation that marks the disease, and if we can stop the downward progress of the patient and get even a slight increase of weight we feel confident that we are accomplishing something to the advantage of the patient.

In the next place hydrotherapy is of distinct benefit. The exact form in which it is used must depend upon the patient. Most of them react well to baths—neither extremely warm nor extremely cool, but of moderate temperature. Such baths usually have an effect on the patient of quieting the nervous symptoms, enabling them to sleep better and restoring a more normal tone. In conditions of excessive excitement of the thyroid, ice bags applied to the neck and an ice cap over the head have been found to be effective measures in controlling to some extent the activity

of the gland and mitigating the severity of the symptoms. Some of these patients have been strikingly benefitted by the ice cap over the heart, and have actually demanded and endured it for long periods when one would have thought they would have become exceedingly tired of such treatment.

The Nauheim treatment has been strongly recommended by some and strongly condemned by others. In conditions of myocardial insufficiency the Nauheim baths may be valuable; in pure exophthalmic goitre, they would not seem to be of any special use.

One finds constant reference in the literature to change of climate in exophthalmic goitre, and yet no one can tell exactly to what climate or conditions any one patient should be sent. It is much like the climatic treatment of asthma. No one can tell dogmatically what climate will be good for any individual patient. Some cases of exophthalmic goitre improve under a change to the seashore or a mild climate; others recover in the mountains; but it is generally accepted that a change may work to the advantage of the patient.

Now, to come to the strictly medicinal treatment of the disease. In the first place, it seems to be desirable to increase the elimination as much as possible by attention to the condition of the bowels and increasing the excretion of urine by the free use of water. Thompson has advocated intestinal antiseptics in the treatment of exophthalmic goitre. I have not been able to convince myself of the value of that, but there is evidence that free elimination is of advantage. As a rule, it is best accomplished by the administration of sodium phosphate—one or two drams in the morning—sufficient to secure free action of the bowel day by day. Colon irrigations may be used with advantage in appropriate cases.

Bromide of soda or other bromides are of value to these patients—simply to allay the nerve irritability and secure to them some of the physical rest that we desire for them—secure them more sleep and more rest throughout the day. We push the bromides to the point of tolerance and continue them just as long as possible.

Then, there is a medicinal treatment of exophthalmic goitre

recommended by Forcheimer in his work on "Therapeusis of Internal Diseases." He reports his results with the use of ergotin combined with quinine hydrobromate, 5 grains of quinine, 1 grain of ergotin given three or four times a day, or they may be given separately. He was led to use the quinine in these cases by noting its favorable action on an individual patient and the fact that Jesuit's bark had long been advocated in the treatment of goitre; the ergotin was used on the theory of its influence on the size of the blood vessels. Any one of us who knows anything of the influence of medicine knows that the use of either of these medicines in exophthalmic goitre is largely empirical—we can not say that either one, or both, is particularly indicated in the disease, yet Forcheimer reports a series of 71 cases treated in this way with over 80 per cent of success. My experience has not been wide enough to warrant me in drawing any conclusions, except that it seems to be worth while. Certainly some patients so treated improve so promptly and so decidedly as to convince me that this treatment has some value. It may be continued indefinitely. It may be necessary to reduce the dose of quinine—although as Forcheimer points out, he had figured out the combination of quinine and bromide with the idea that the bromide would to some extent control the symptoms of cinchonism. Some cases will not stand fifteen or twenty grains a day of quinine—but it can usually be continued for months or years without harm to the patient, and with apparent definite benefit.

The use of quinine and ergotin has been tried out by such good clinicians as Shattuck, and Mead and Jackson, so one can not but feel that there may be a distinct value in these remedies. It is needless to go over the other remedies that are commonly employed in this disease. Digitalis and strophanthus are often recommended on account of the tachycardia. Under ordinary conditions they accomplish nothing, and they may be distinctly harmful, in definite cases of myocardial insufficiency, one may be justified in giving one or the other, but in ordinary circumstances it is well to avoid their use in this disease.

Dr. Hillman made reference in his paper to the iodine-content of the thyroid. The relation of iodine to the function of the thy-

roid glands is well-known. It must be given with very great care in this disease if given at all. It is certainly capable of aggravating the symptoms of the disease.

It seems therefore that there is a distinctly medical treatment of exophthalmic goitre which has its place, sometimes as a preliminary and regularly as a sequel to surgery, and which in a great majority of the cases that come under your observation as private practitioners will be sufficient in itself.—*February No. Post-Graduate.*

Selected Articles

THE NEED OF INDIVIDUALIZATION IN OBSTETRICS.*

By FRANKLIN S. NEWELL, M.D., Boston, Mass.

One of the grave reproaches under which the medical profession rests today is that, although marked progress is being made in most branches of medicine and surgery, little or no advance is being made in the art of obstetrics, except by a small group of men. The great majority of the medical profession seem to believe that since childbearing is a natural function a physician needs no special training to fit him to practice obstetrics, since nature can be trusted to safeguard the parturient woman, except in the event of rare and unpreventable complications. It is not at all uncommon to hear a man, well equipped in some other branch of medicine, scoff at the idea that any special preparation is necessary for the proper practice of obstetrics, and yet we not uncommonly hear soon afterwards that this same practitioner has hard luck in one or more obstetric cases, and has lost either mother or baby or both. This so-called hard luck is definite evidence that his knowledge and skill were inadequate to the demands made on them in the particular instance, and in the majority of such cases a more thorough knowledge of the obstetric art, combined with a more careful study of the needs of his patient would have led to a favorable outcome. This indifference to the needs of the patient is undoubtedly due to the fact that child-bearing is a natural physiological function in normal women, and the infallibility of nature's method has been so deeply impressed on the minds of the majority of the profession that they can not see the possibility of any advantage accruing to the patient from any departure of nature's method. Furthermore, they

*Read at the annual meeting of the Medical Society of the State of New York, at Rochester, April 30, 1913.

do not realize that a considerable proportion of the women in every civilized community have ceased to be normal, and that the bad results are due to a lack of appreciation of the conditions present and are not unavoidable accidents.

We must admit, however, that certain bad results are unavoidable. Pulmonary embolus may occur in spite of all that we can do to prevent it. Antepartum death of the child may occur from intrauterine pressure on the cord or from premature separation of the placenta, complications which can not be foreseen, but that is no reason for not trying to foresee and prevent every possible complication, and thus giving our patients the benefit of every means at our command and to insure a good result.

A great improvement in obstetrics would be made if the profession as a whole could be made to realize that every parturient woman should be considered as a doubtful risk, in whom any complication may arise, and studied as such, instead of being considered as a normal patient in whom no abnormalities need be looked for. No two cases are exactly alike, and, therefore, the care which a patient receives should be adapted to her needs and not to those of some other patient or group of patients, if the best results are to be obtained. The needs of the individual patient can only be a careful study of her physical and nervous condition, and the environment in which she has been brought up and in which her future life must be passed, and on the results of such a study must the care given each patient be based, and nothing can be less intelligent or more likely to favor bad results than the adoption of a routine in the caring for obstetric cases.

In hospital practice where a large number of patients are cared for it is almost inevitable that the individual should receive comparatively little attention and that patients should be treated in groups, but that is one of the misfortunes of hospital work. In private practice, however, there is no excuse for not carefully studying each individual patient and selecting the treatment best suited to her needs. This, however, requires that the obstetrician take his work seriously, and shall have fitted himself to give his patient the care which she demands. The majority of the men who are doing obstetrics at the present time are not really inter-

ested in the work, and trust to luck that no complication will arise in a given case, rather than try to foresee and prevent such complications. No conscientious surgeon would consider himself qualified to perform a complicated operation without an adequate preliminary training, but the average medical practitioner feels himself qualified to take obstetric responsibilities which involve the life and health of two patients, and is willing to attempt serious operations which are far more difficult and require greater technical knowledge and skill than the average surgical operation without any attempt to fit himself for the problems he must meet. The reason for this indifference to the well-being of the patient is undoubtedly the recognized fact that the great majority of women will come through labor alive and with a living child, if left to the unaided efforts of nature, and, therefore, the average practitioner does not feel it necessary to fit himself to meet the occasional emergency which involves the life of either patient, and he almost never considers his responsibility in the future health of his patient, provided only she and her child come through labor alive. Faulty teaching in our medical schools is largely responsible for this attitude, because the students are instructed that such an overwhelming majority of patients will come through alive if left to the unaided efforts of nature that it seems a waste of time for the man who does not mean to be a specialist to fit himself to deal with the occasional complicated problem, since he can usually get some one else to assume the burden for him when he finds that he is unable to cope with it, although by the time he has reached this conclusion irreparable damage may have been done. Another fault in our teaching, it seems to me, lies in the fact that most of our teaching is based on hospital patients, who are largely of the peasant class and more or less uncivilized, so that the average physician enters practice largely ignorant of the fact that the civilized woman, who is often nervously overdeveloped, may require entirely different treatment in the presence of the same physical condition as her less civilized sister, unless she is to show serious effects from the strain she must undergo.

The object of the obstetrician who assumes the responsibility for any case must be three-fold.

The preservation of the maternal life is, of course, the first object to be considered in the care of a case, and there can be no doubt that the loss of a patient during parturition usually means that the needs of the individual patient were not appreciated, and that the complication which caused her death was not recognized at a sufficiently early date for her to receive the care she needed. Pulmonary embolism, of course, may occur at any time following labor, and unless it is secondary to a septic phlebitis is an unpreventable accident. It is unpreventable, indeed, if it follows a septic process, but the sepsis is almost always due to some fault in technique on the part of the attendant, which should have been avoided. The other obstetrical complications which commonly lead to maternal death, such as hemorrhage before or after delivery, toxemia, and infection can usually be avoided or at least treated successfully, if the patient is under sufficient close observation and the attendant is competent. Danger to the patient arising from cardiac complications or other chronic diseases should be recognized early in pregnancy, and in serious cases the ending of the pregnancy may be necessary to save the patient's life, but it is never safe to assume that, because another patient with apparently a similar organic lesion has come through her pregnancy successfully, the given patient will do equally well, until every possible means at our command has been exhausted in the attempt to palliate the condition. Of course supervening acute diseases will cause a certain mortality both of mothers and children, and this will prove unpreventable in the majority of instances, but the regulation of the patient's life may render her less susceptible to infection and less likely to expose herself to it, and thus be of considerable value.

The second object of the obstetrician is to insure the birth of a living, uninjured child. This is a most important aim, but none the less it must be considered as distinctly secondary to the preservation of the maternal life. It will happen in rare cases that the interests of the child must be sacrificed for those of the mother, and the obstetrician will be perfectly satisfied if the maternal

life is preserved, no matter what the outcome for the child, but such a result must mean that the conduct of the case has not been entirely successful, although the attendant conditions may have been such as to make even this partial failure a satisfactory result. In our ignorance of the etiology of certain obstetric complications we are not able to apply adequate preventive measures in all cases, and the sacrifice of the baby may be necessary to save the mother, but such a result means that owing to our ignorance on certain points we are forced to be content with a partial failure, and obstetrics will never be entirely successful until these partial failures can be eliminated or at least much reduced in number.

The third object of the obstetrician is to bring the mother through her pregnancy and labor in such a manner that when her convalescence is completed she is ready to take her place in the grade of society to which she belongs in as good a condition to sustain the burdens of her ordinary life as before pregnancy began. We are all of us familiar with the fact that nature unaided is very often inadequate to meet this indication, and our aim must be to have such knowledge of the needs of each individual patient as will enable us to supplement nature when necessary. There is nothing in medicine which requires a more perfect judgment, and the most successful obstetrician will be the man whose judgment as to the needs of the individual and the methods which will meet those needs is least often faulty.

In following obstetric literature I have gained the impression that the preservation of the maternal and fetal life receives the entire attention of the average practitioner, and that the future welfare of the mother is so overshadowed by the other indications as to receive comparatively little attention. From the standpoint of the patient, however, her health may be nearly as important as her life, and a condition of chronic invalidism, due to a lack of proper care during pregnancy and labor, is just as clear a confession of failure on the part of the obstetrician to appreciate the conditions present in the individual patient as is the loss of either mother or child.

To one who studies his patients carefully and notes the indi-

Individual differences between them, it must be clear that uniformly good results can only be obtained by the careful, intelligent study of each patient. Errors of judgment will be made by the most careful observer, but these errors will be reduced to a minimum if each patient is treated by herself and not as a member of a class to which certain general principles are applicable. In order to give his patients proper care the obstetrician must be familiar not only with the physical and nervous peculiarities of his patients and the way in which they have reacted to such strains, both nervous and physical, as they have been subjected to in the past, but he must be familiar with their mode of life and the conditions under which their future lives must be passed before he can give them adequate care. He may find it possible by proper advice to so regulate a patient's life as to materially alter an improper method of living, but generally speaking the most he will be able to do will be to adapt his methods to the patient rather than to change her attitude toward life.

The careful oversight of pregnancy is one of the most important items in the care of an obstetric case and is probably neglected more than any other portion of the parturient state. It is not at all uncommon to hear that a physician has not seen his patient for five or six weeks or even longer, and that although he asked her to send a specimen or urine for examination and to report at his office from time to time she has not done so, and when he finally sees her he is not infrequently confronted with a serious complication, which might have been entirely avoided or successfully treated if his patient had been under proper supervision. This is of course the fault of the patient if she has not consulted any physician until late in her pregnancy, but if she has once placed her case in a physician's hands he must share the blame with her if he allows her to neglect his advice.

The average pregnant woman seems to feel that supervision of the pregnancy is unnecessary, as she usually is entirely ignorant of the possibilities of mishap. It is, therefore, part of the duty of the attending physician, for the patient's good and almost equally for his own, to insist that his patient report to him at regular intervals so that he can study the progress of the preg-

nancy, and note any departure from the normal in its early stages, and thus be in a position to determine what care the patient needs during the pregnancy, and to estimate her needs at the time of labor. Few patients will be found who will disregard the injunctions of their physician if the reasons for the advice are carefully explained to them, but most women are extremely ignorant about the hygiene of pregnancy, and what often seems to be disregard of the simple laws of health is due to ignorance, and unless the physician is in a position to appreciate this fact and to correct it as far as possible he may be seriously disappointed by the ultimate results in a given case. When a patient has been properly watched during pregnancy the attendant is in a strong position. He is able to say definitely whether his patient is or is not physically normal. The effect of the pregnancy on her physical and on her nervous condition is known and he can seldom be surprised by being suddenly called and finding his patient in a serious condition, since his constant observation of her will have shown him any abnormality in its early stages. By his preliminary examination in the latter weeks of pregnancy he knows, or should know before labor begins, whether any disproportion exists between the size of the child and the maternal pelvis, and from his previous observations he is able to estimate more or less correctly what the character of the labor will be, and what the effect of labor will be on her nervous and physical condition. With this thorough knowledge of his patient he is in a position to give her the care at the time of labor which she needs, and will never be placed in the unfortunate position of assuming a grave responsibility for a patient about whom he knows little or nothing. If she is of a nervous, high strung temperament, reacting in an exaggerated manner to minor impulses, she must be treated in an entirely different manner from the patient who is phlegmatic and who has never shown any marked reaction to the strains which have been laid upon her. To the patient whose nervous equilibrium is unstable the pain of even a normal labor may prove an excessive burden, and it may be necessary to shorten labor by operative means or even to do away with it altogether and to resort to a surgical delivery in order to save her from the nervous ex-

haustion which may result from a labor of even moderate severity, even though no physical abnormality is present. If she has reacted seriously to such strains as have fallen to her lot in the past, and particularly, if her powers of recuperation are poor, she must be recognized as being unfit to be subjected to any avoidable strain and be handled accordingly, whereas the woman who has always recuperated fully and rapidly or who has never shown any sign of failure under strain can be considered as a good risk, and allowed to undergo even a severe labor without fear. If the ordinary conditions of the patient's life are such as to tax her powers of resistance to the utmost, both her life during pregnancy and the conduct of labor must be so regulated as to do away with all possible strains, since many of these patients who are living under constant high tension have little or no reserve power, and if their slight powers of resistance are once broken down it may take months or years for them to recuperate, if indeed they ever recover entirely.

In a patient of this class it must be particularly remembered that she will probably return to the life which she has temporarily abandoned at the earliest possible moment, and that no amount of advice is going to materially alter that life, until either a nervous or physical breakdown renders a change imperative. It is particularly important, therefore, in patients of this class to so regulate the pregnancy and labor that all possible strain shall be removed, since if her equilibrium is seriously disturbed it may become necessary to remove her entirely from the burden of her ordinary life until her balance is restored, which may take weeks or months even, if it is ever entirely successful.

The obstetrician who treats all patients of a certain physical equipment in the same way will be much disappointed as to the results which he will obtain in certain cases, but if he devotes any thought to his work he must realize that many unsatisfactory results might have been avoided if he had studied his patient more carefully and suited his methods to her requirements.

There is no doubt in my mind but that many cases exist in every civilized community who are relatively or absolutely unfit for childbearing on account of either nervous or physical abnormali-

ties, and in these cases the methods employed in conducting the pregnancy and labor are of the greatest importance. The common saying that 95 out of every 100 cases will go through labor without trouble, even though they receive little or no care, has been responsible for a great deal of harm. It is undoubtedly true that the lives of both mother and child will be preserved in the great majority of cases in the absence of physical complications, even though the patient has received no care, but if we are to do our full duty by our patients and get the best results possible, we must go further and consider how to prevent childbearing from having serious after effects on the lives of our patients, particularly those who belong to the class of the unfit in whom comparatively minor lesions may be expected to produce exaggerated reactions.

It is a matter of common knowledge that improper care or better, perhaps, a lack of proper care at the time of labor furnishes the gynecologist with most of his operative material, and the neurologist also benefits largely from the blind acceptance of the dogma that childbearing is a normal physiological function, and that no special training is necessary to fit a practitioner to oversee it properly. Every gynecologist is familiar with the fact that many patients come to him who show marked lesions as the result of childbearing with comparatively slight symptoms, and he also sees other patients in whom exaggerated symptoms result from minor lesions. This difference among patients points definitely to the fact that obstetric patients must be treated as individuals and not as members of a class, to be judged merely by the question of whether any disproportion exists between the size of the child and the maternal pelvis, and that to obtain good results the needs of the individual must be ascertained and the care which she receives regulated in accordance with her needs. If obstetrics is to be done intelligently we must not wait for the patient's powers to fail before giving relief. In the patient who is comparatively normal no harm will result from allowing her to go through labor trusting to her own powers, simply terminating labor by an easy low forceps operation or allowing her to terminate labor naturally as may be deemed wise. In a patient of

equally good physical equipment the nervous equilibrium may be so unstable early in labor to avoid unpleasant consequences, and in the exaggerated cases it may be unwise to allow a patient to go into labor at all on account of the marked reaction which the patient has shown in the past to such strains as she may have been subjected to.

It may seem radical, perhaps, to advocate Cesarean section when no physical indications for the operation are present, but the fact has been repeatedly demonstrated that certain patients will undergo and recuperate rapidly from a surgical delivery who have been more or less seriously invalidated by the strain of a prolonged labor in the past, and Cesarean section, furthermore, has the advantage of avoiding lacerations with their attendant symptoms and the possible necessity of a secondary operation to make good the obstetric damage. The prejudice which exists among certain members of the profession against Cesarean section on the ground that it is an unnatural method of delivery, and, therefore never to be employed except for physical necessity seems to me beside the point. In our modern civilization we are not dealing with normal, natural women, and the abnormal patient must be cared for in an abnormal way, if good results are to be obtained. There is no question to my mind but that the results of Cesarean section in competent hands are better for both mother and child than the results of difficult forceps operations or versions, and since the object which the obstetrician has in view is the best good of his patient, it seems time to depart from the traditions of obstetrics and give our patients the care best suited to their needs.

The practitioner who follows blindly the teaching of the past will undoubtedly prefer to deliver every patient through the natural passages, if possible, although this may involve such a difficult operation as to place the mother's life in jeopardy and possibly lose or injure the child, and will pride himself on each case in which he succeeds in extracting a living baby by a difficult pelvic operation, entirely ignoring the fact that to accomplish his object he had subjected both mother and child to a serious risk

of loss of health, if not loss of life, and will quote the result as a triumph of conservatism.

This brings us naturally to one of the great questions in obstetrics at the present time. What is real conservatism? The so-called conservative claims that childbearing is a normal physiological function which every woman is fitted to fulfill as long as no actual disease or marked physical abnormality is present. Such an attitude of mind means to me that the so-called conservative has devoted little or no thought to the future well-being of his patient and simply considers that the outcome of her labor is successful as long as both mother and child are fortunate enough to be alive.

The obstetrician who advocates delivery by surgical means for a patient in whom physical indication for operation can be demonstrated is classed as a radical, and the term is employed as one of reproach, implying a mental attitude which denies the sovereign power of nature and advocates the substitution of surgical methods of delivery for the natural processes.

It seems to me, however, that the above definition of conservatism is open to question, since the first object of every obstetrician in the care of a case should be the best good of his patient, and every patient whose health suffers from the effects of childbearing or whose baby is lost is an example of a lack of conservative care, since such a result shows that the needs of the individual patient have not been appreciated. Unfortunately we all see such cases in our practice.

The essential difference between the so-called conservative and the so-called radical is that the conservative adheres blindly to the methods of the past and refuses to give his patients the benefits of modern progress with the result that the gynecologist sees many patients who date their ill health from childbirth. Each patient who gives a history of this sort is an example of improper obstetric care, or at least of a lack of proper care.

The so-called radical is trying to give his patients the benefits of modern progress. He may go too far and perform some unnecessary operations in the fear that his patients can not safely undergo the strain which a possibly difficult labor may entail, and

he will undoubtedly treat many border-line cases according to surgical methods perhaps unnecessarily instead of running serious risks with them by following out traditional procedures.

It seems to me, however, that the essence of true conservatism lies in the careful study of the patient and the selection of the method of treatment which seems to offer the least risk of a bad result.

I do not claim that the majority of patients, or even any large minority, should be subjected to a surgical delivery, but I do believe that there exists in every civilized community a considerable number of women who should be spared all possible strain, and for whom the strain of labor may be a serious burden, and in whom the danger of lacerations, with their attendant symptoms, are to be avoided by every possible means. In other words, every patient should be studied as an individual, and the greatest care should be taken in adapting the methods employed in the conduct of her pregnancy and labor to her nervous and physical equipment, both from the standpoint of the immediate result and her future well-being.

Errors of judgment will undoubtedly be made by every obstetrician, but it is only by such a study that we can raise the standard of obstetrics. That the standards of obstetrics need to be raised seems to me an unanswerable proposition. When thoughtful physicians are willing to say publicly, that the training and licensing of midwives is an economic necessity, because the poor can receive better care and be placed in less danger, if cared for by midwives than by the members of the medical profession they are in a position to employ, there can be little doubt but that the standards of obstetrics need to be changed, and one of the important steps in making this change, is that their patients as individuals, each of whom may require special treatment, instead of grouping them together and assuming that every patient can take care of herself is left to nature. In addition every student should be made to realize that if he means to handle obstetric cases he must fit himself to take proper care of them instead of trusting to luck or nature.

Although the greater part of this paper has been devoted to

the needs of the patient during pregnancy and labor, it must not be forgotten that the after-care of the patient counts for a great deal in the ultimate outcome of the case. My time is too short to take this up in detail, but the careful supervision of the convalescence will count for much in the patient's future health, and should be thoroughly followed out.—*New York State Journal of Med.*

Extracts from Home and Foreign Journals.

SURGICAL

THE THERMIC TREATMENT OF CANCER.

There appears to be a consensus of opinion that cancer is increasing in civilized countries. The statistics quoted by Mr. Frederick L. Hoffman in his paper read before the recent meeting of the Clinical Congress of Surgeons of North America afford sufficiently conclusive evidence that cancer has increased and is increasing in this country. Indeed, evidence gathered from most countries goes to show that cancer is really increasing. According to the report of the Minister of the Interior of France just issued the cancer death rate in that country shows an increase of $12\frac{1}{2}$ per cent in five years. This being the situation it is not surprising that the general public as well as the medical profession taken an intense interest in any measures suggested as likely to be of a curative and remedial nature. De Keating-Hart of Paris has a paper in the November number of the *Practitioner* on the rational treatment of cancer. Referring to the treatment of what he terms curable cancer he says: "Within the past few years X-rays and radium have revolutionized the treatment of cancer condemned as inoperable, and the application of fulguration after an extensive operation has given most gratifying results. Curable cancer may be divided into operable and inoperable. When practicable, an operable cancer should be removed. To submit a growth to the action of the X-rays, necessitating a protracted period of therapeutic treatment, involves a great risk of autoinfection; whereas, by excision of the growth and the competent application of fulguration, the patient is given an increased chance of recovery which should not be ignored."

Commenting upon the treatment of inoperable cancer, De Keating-Hart points out that it is not necessarily incurable, as the

many successes due to X-rays and radium indicate. However, the action of radium is limited, the effective area of Röntgen rays is more extensive, but to secure complete destruction of the tumor, the rays must traverse healthy tissue in such massive doses as seriously to injure its vitality. To counteract this defect of radiation, thermoradiotherapy must be brought into use. The author draws attention to the fact that the radiosensibility of living tissues is governed by a law which is, other things being equal, that the radiosensibility of living cells depends upon their temperature; in other words living cells are more sensitive to destructive agents in general and to X-rays in particular, when influenced by heat than when temperature is low. Thus by heating the tumor itself and by cooling the skin, better results can be obtained than by the ordinary method of Röntgen therapy. De Keating-Hart's conclusions are as follows: (1) In the absence of a general specific treatment for cancer, surgery may cure before the period of general infection. (2) Failure in operation will be very rare if associated with sparking, even after a limited excision. (3) Thermoradiotherapy, association of heat with radiations, will intensify the deep therapeutic value of X-rays and of radium in the treatment of many inoperable tumors.—*Medical Record*.

TREATMENT OF FISSURE OF THE ANUS WITH TINCTURE
OF IODINE.

Dr. Marchal of Tulle in the *Province Medicale* (No. 51) describes as follows a process which he advocates as treatment for fissure of the anus, a process which is invariably successful and which he has employed in extremely painful fissures and in small fissures not excessively painful but persistent.

One author writes as follows: The diagnosis of fissure having been well established, that is to say the fissure exposed, I warn the patient that I am going to make a light cauterization, which repeated three or four times at intervals of three or four days, will most certainly effect a cure. When I have informed the patient that he would only feel a sharp pain for a few minutes

and that unless he would be willing to undergo this treatment, he would have to submit to an operation, he would not hesitate to agree to the treatment.

With the aid of an assistant, I expose the fissure thoroughly and after cleaning off the surface with cotton dipped in hot water, I cauterize it freely with a brush dipped in the tincture of iodine. That is all. Three or four times at intervals of three or four days, I make the same application. From the first day there is a marked reduction of the pain and on the third or fourth cauterization the cure is effected.

The little pain, especially on the first cauterization, lasts but a few minutes and has always been well borne; so well, indeed, that I no longer employ as I did at first local anesthesia with cocaine. All the patients have remained cured. One of two that I had cured several years ago returned with a recurrence asking for the same treatment which effected a cure in three applications.

Finally I treated a lady recently for other reasons very nervous who having been treated by forcible dilatation fifteen years before was in reality overcome with the idea of submitting herself again to this operation for the recurrence of the fissure. She was cured in three applications.—*Journal de Medecine et de Chirurgie*, January 24, 1914.

THE RADIUM TREATMENT OF CANCER.

A number of brilliant papers on the therapeutic uses of radium were read at the last International Medical Congress, remarks the editor of the *New York Medical Journal*. Few of these attracted greater attention than that of Dr. Robert Abbe, of New York, who reported his success with this remedy in treating malignant disease. Basing his remarks on some 750 patients including 250 epitheliomas, in various regions, and 180 carcinomas of peripheral tissues, breast, tongue, throat, esophagus, etc.; fifty sarcomas of the skin, parotid, etc.; and various other types of growth, he urged that provided the gamma rays (the alpha and beta rays being removed by filtration through lead, thus producing a form of radiation analogous to X-rays and of very great

penetrating power), be used and correct doses be the rule, the outlook of this method of treatment was decidedly promising. There is established a retrograde degeneration of the malignant cells, which in a relatively large proportion of cases leads to a cure.

While surgical methods should continue to be given preference whenever at all possible, with radiumization of the bed of the wound to obtain degeneration of what malignant cells the exposed tissues may contain, the fact remains that radium has earned for itself the position of "next best" with fair promise to outstrip the knife. It has besides many advantages over the latter. As emphasized a few months ago by Williams and Ellsworth (*Journal of the American Medical Association*, May 13, 1913), the application of pure radium bromide in sufficient amount, properly used, is a painless and efficient method of treating early superficial new growths. This in itself is a distinct advantage over the knife, for a patient will almost invariably postpone surgical methods until the malignant tumor is well advanced, while practically no one would hesitate to undergo the absolutely painless exposure to radium, thus insuring early treatment and increasing greatly the chances of success. Again, radium seems to be more successful when it is the first treatment employed than when it is used after operation, X-rays, or other forms of treatment.—*The Medical Brief*.

QUININ AND UREA INJECTIONS IN HYPERTHYROIDISM.

Dr. Leigh F. Watson reports in the *Journal American Medical Association*, January 10, 1914, a number of cases of goiter treated by injection of quinin and urea hydrochlorid. The patients had been on medical treatment for from one to two years without improvement. In one case both superior thyroid arteries were ligated. This patient was suffering from the classical symptoms of goitre: nervousness, insomnia, tremor, with enlargement of both lobes of the thyroid, as well as of the isthmus, and increased pulse beat. Ninety minims of a 1 per cent quinin and urea hydrochlorid solution was injected into the body of the right lobe, sixty minims into the left and the same quantity into the isthmus. The

pulse decreased by degrees from 160 to 80. Insomnia, nervousness and tremor disappeared within forty-eight hours.

Two other cases are reported where injections alone were made (without ligation), in which there were the usual symptoms, together with tachycardia and diarrhea, in one some exophthalmos. Two and four per cent solutions were used respectively in these cases, injection being made direct into the thyroid, as well as in the isthmus.

Improvement promptly followed, the pulse beat becoming less frequent, nervousness abating, while the diarrhea ceased, both patients gaining in weight. In these two cases the injections were the only treatment. Whether the results in these cases will be as lasting as in the first, when both injections and ligation were performed, remains to be proven.—*The American Practitioner*.

SURGICAL TREATMENT OF HYPERTHYROIDISM.

In order to minimize hemorrhage during the excision of part of the thyroid gland, the author first ligates the superior and then the inferior thyroid arteries in the following manner: After dislocating the gland from its bed, he elevates the apex of the gland on his index finger, locates the superior thyroid artery by palpation, passes a curved round needle, armed with a ligature, around the apex, and ties the vessels and gland *en masse*. Then he introduces the index finger under the outer lower edge of the gland, turns this over as far as possible, locates the primary branches of the inferior thyroid artery by palpation or sight, passes a curved round needle, armed with a ligature, deeply through the thyroid gland from one side of those primary branches to the other, and ligates vessels and gland tissue *en masse*. This avoids the recurrent laryngeal nerve absolutely, insures an almost bloodless excision, and permits of leaving in the posterior third of the gland with its all-important parathyroids.

In order to insure a good cosmetic result, the platysma, fat, and fascia are united carefully by a running suture introduced in the following manner: A round curved needle with ligature is

passed through these tissues as usual and tied, and then the needle is carried from below these tissues up to the skin, emerging just at its edge. Next the needle is again carried to the bottom of the wound on the opposite side, going up through the tissues and emerging again at edge of skin. This is repeated until the entire wound is closed. Then the skin is sewed by a continuous over-cast stitch, two layers of gauze applied over the entire incision and sutured with collodion, and a thick gauze dressing applied while the collodion is still fluid. The above stitch holds the superficial tissues in better and closer apposition and relieves the strain on the skin suture. The collodion acts as a splint and holds the edges of the skin absolutely quiescent during the time of healing. Ten days after operation the dressing should be removed.

Iodized catgut is used throughout the operation. Drainage through a stab-wound should be used after every excision for hyperthyroidism. The edges of the fibroid capsule should be brought together by a running suture over the raw glandular surface except at its very lowest point, where the drainage-tube should enter. Where the drainage-tube emerges from the skin a separate dressing should be applied, so that it can be changed at any time when it becomes saturated with wound secretion without disturbing the dressing over the original incision.

The author purposely omits reference to excision of part of one lobe, and tying of the other superior thyroid artery as the operation of choice, because when one whole diseased gland is left, hyperplastic growth may continue in this more easily than would be the case if part of it had also been removed. The additional time consumed in excising part of the second gland after tying its superior artery would be so short as to become negligible. *Monthly Cyclopedia and Medical Bulletin.*

MEDICAL

BLEEDING IN TYPHOID.

In studying the last 1,591 cases of typhoid treated in the Toronto General Hospital it appears that the mortality was 8.67 per cent over all, but that the death-rate among those reported as having had one or more hemorrhages was 37 per cent. This latter figure is almost the same as occurred in Cruschmann's series at Leipsic, which was 38 per cent, while in Strümpell's forty-five cases of hemorrhage in typhoid it was 42.2 per cent. In the Toronto series, excluding the cases that had bleeding, the mortality of the remaining 1,464 cases was only 6.3 per cent. Rudolf cites twelve cases which show how the bleeding was followed by a more or less marked fall not only in the temperature but also in the pulse rate. They are said to be the best examples, but most of the other 115 charts of cases with bleeding showed more or less of the same thing. The improvement in the temperature and pulse curves, while often transient, in some cases lasted for days and even ushered in convalescence.

Rudolf agrees that it is difficult to explain how the good effects that may follow a hemorrhage come about. There is no doubt, however, but that it produces a profound effect on the whole bodily economy. Thus bleeding has been shown to bring about an increase in the low flow of urine, to greatly increase the intake of oxygen, with proportionate raising of tissue-oxidation. It hastens the coagulation time of the blood more than does any other single agent. It produces a rapid increase in the antibodies contained in the blood. The agglutinating power of the blood is enormously raised by the bleeding. Further, in toxic conditions, such as uremia and other less-defined states, states in which there is high blood pressure, bleeding appears in some way to lessen the toxemia, and possibly in typhoid it may have some similar effect.

Rudolph agrees with Whitehead, who two years ago, suggested that the good effects of hemorrhage in typhoid might be attained and the evil ones (associated with intestinal hemorrhage) avoided

by the timely use of venesection in those cases which are not doing well on account of severe infection and toxemia. Venesection, he says, appears to be indicated in severe cases and if the removal of blood by venesection be a moderate one, say of 6 to 14 ounces, it can do no harm and may possibly be productive of great good.—*The Journal of the American Medical Association.*

THE USE OF UROTROPIN IN DERMATOLOGY.

Otto Sachs reports beneficial results from the internal administration of urotropin in doses of from 4 to 6 grams a day. Of 82 cases of herpes zoster treated in this manner 78 were cured and 4 improved. Formaldehyde is split off and has been recovered from the skin lesions. The action of urotropin may be regarded as specific in this condition since the affected lymph nodes decrease in size, the burning pains in the herpes region disappear, and the accompanying severe neuralgia is relieved. Local treatment is entirely unnecessary. The results of urotropin therapy in 29 cases of erythema exudativum multiforme et bullosum were not quite so brilliant since recurrences were not prevented. In impetigo contagiosa and eczema impetiginisum the urotropin treatment constitutes a great step in advance since all local treatment—especially awkward bandaging—is unnecessary, the hair of the scalp and beard does not have to be sacrificed and even very extensive lesions can be healed up in ten to fourteen days.—*Critic and Guide.*

CAFFEINE AS A HEART STIMULANT.

Ortner regards caffeine as a more efficient substitute for digitalis than is either strophanthus, sparteine, or convallaria. He states that in physiological doses caffeine strengthens the heart muscle, expands the coronary vessels, increases the peripheral arterial pressure, quickens the pulse at first and then slows it, and increases diuresis by direct stimulation of the renal epithelium. It is the best substitute for digitalis if the blood pressure is low—never if it is high—and its use is particularly advisable if marked

alterations in the heart muscle contraindicate digitalis. It has an effect in the last stage of cardiac insufficiency when all other heart stimulants are useless.

Caffeine is best given in one of its loose double compounds, as caffeine-sodium benzoate, caffeine-sodium cinnamate, and caffeine-sodium salicylate. As a heart stimulant the dose of any one of these is 10 to 15 grains daily. The following prescription is recommended:

| | |
|---|-----------|
| ℞ Caffeine-sodium benzoate or salicylate... | 3 grams |
| Distilled water | 130 grams |
| Jamaica rum | 20 grams |

Of this solution 1 tablespoonful should be given 3 times a day.

A solution of caffeine is preferable to a powder, as caffeine in the solid form causes in many individuals discomfort or pain in the stomach, nausea and vomiting.

Caffeine may be administered together with digitalis, as in the following:

| | |
|--------------------------------|-----------|
| ℞ Infusion of digitalis..... | 180 grams |
| Caffeine-sodium benzoate | 1 gram |
| Simple syrup | 15 grams |

The dose of this mixture is 1 tablespoonful 3 times a day.

Braun has shown in experiments on animals that caffeine counterbalances the tendency of digitalis to contract the coronary vessels of the heart.—*Medical Record*.

FOCI OF INCIPIENT TUBERCULOSIS.

In adults the existence of an incipient pulmonary tuberculosis can be demonstrated easily by careful percussion (provided that during the examination of the front of the chest the patient is in the recumbent position with relaxed muscles) long before any bacteriologic evidence is obtainable, and while the auscultatory evidence is insufficient for a diagnosis. In the upper lobe of each lung a focus of incipient pulmonary tuberculosis can be detected by careful percussion in the inner part of the first and

second intercostal space in front, and in the inner part of the suprascapular space. A second focus can be detected in the outer part of the first and second intercostal spaces in front, and in the outer part of the suprascapular space. A third focus can be detected in the upper part of the lower lobe on each side by careful percussion at the posterior end of the scapular spine. These six dull areas are present in all cases of early pulmonary tuberculosis. I believe that they are not produced by any other morbid condition, and that they are sufficient for the diagnosis of a (past or present) tuberculous infection. Whether that infection is active or quiescent must be determined by the symptoms and auscultatory signs. In addition to the six apical areas, many other small dull areas can be found in the lungs in cases of early pulmonary tuberculosis. The position of these areas is practically invariable; they are nearly symmetrical in the two lungs, but show certain differences, which evidently result from the existence of three lobes in the right lung and of only two in the left.—D. B. Lees, M.D., in *Brit. Jour. Child. Dis.*

A NEW SIGN IN PNEUMOTHORAX, PARTICULARLY ARTIFICIAL PNEUMOTHORAX.

In a careful study of over eleven cases of both spontaneous and artificial pneumothorax in pulmonary tuberculosis I have observed in every patient a condition of spasticity or rigidity of the rectus and abdominal muscles in the upper quadrant of the abdomen on the same side as the lesion. This "sign", as I so designate it, has been constant in every case. I have repeatedly pointed it out and had it verified by my associates. In my most recent case, a physician, on whom I performed artificial pneumothorax for persistent hemoptysis, the spastic condition of the left rectus (upper segment) and region of the epigastrium was so marked as to make a visible tumor. The patient noticed this himself and was much interested, as it seemed to vary in tenseness with the tension in the chest. This area is also hyperesthetic.

On account of the increasing amount of work done on artificial pneumothorax as a method of treatment for pulmonary tu-

berculosis, I am anxious to have other observers watch for this sign, so that it may be established or rejected as soon as possible. Reflex spasm of the abdominal muscles from lesions in the pleura, pericardium and other thoracic viscera is a well-established fact. To my knowledge its observance as a sign of pneumothorax is for the first time described. It has only recently been shown by Capps that the outer rim of the diaphragm and the parietal pleura are supplied by the lower intercostal nerves, and these also supply the skin and muscles over the abdomen. The patients on whom these observations were made were free from acute pleurisy, pericarditis and abdominal inflammatory conditions, as necropsy in two of the cases showed.

I trust that this sign, if verified, will prove a valuable guide in the production of an artificial pneumothorax. So far, this sign has persisted throughout the course of the condition, it was well marked, easily found and at times could actually be seen on inspection. I trust to publish in full a complete report giving details, and I hope that others will make similar studies.—*The Journal of the American Med. Asso.*

"INNOCENT" DIABETES OF CHILDREN.

Salomon uses this expression to designate a form of diabetes in childhood differing radically from the ordinary severe types. This may be seen in two or more children of a family (family glycosuria). Neurotic inheritance may be present. The amount of sugar excreted is small; much smaller than in true juvenile diabetes. As a rule there is no increase in the amount of blood sugar. There is no tendency of the disease to progress, despite the growth of the subjects. In a carbohydrate-free diet it is common to see an increased excretion of acetone, which disappears rapidly when carbohydrates are added to the diet. The patients as a rule feel well and do not know that anything ails them aside from certain petty nervous disturbances. The sugar in the urine of an infant may cause sugar exanthem on the thighs, etc. Both this mild and the severe type coexist in one subject (diplomellituria). Many

children with this affection have been condemned to death by physicians who know nothing of "innocent" diabetes.—*Medical Record*.

OBSTETRICAL

GYNECOLOGICAL HINTS.

From ten to twenty per cent of all gynecological cases are due to gonorrhea, and at least fifty per cent of cases of sterility are caused by the gonococcus.

The more external the situation of a genital organ the more liable it is to gonorrheal infection. Thus the urethra is involved in from 90 to 95 per cent of cases; the cervix in from 70 to 75 per cent; the uterus in from 10 to 15 per cent, and the Fallopian tubes in from 3 to 5 per cent. In most cases of gonorrhea the vagina is involved at some stage of the disease, but the infection is of short duration, except when it is continued by infected discharges from other localities, as from a gonorrheal process in the cervix.

Any or all the glands in or about the female genital organs may be infected by gonorrhea; but the most important are the glands of Bartholin and Skene.

The glands of Bartholin are not as frequently infected as some observers have led us to believe, but when they are, an abscess usually results that is rarely cured without extirpating the gland. If these abscesses are allowed to rupture spontaneously or are simply incised they are very liable to recur. These recurrences may extend over a number of years. If, however, the abscess cavity is thoroughly curetted this will be prevented.

The ducts leading to the glands of Skene are located at each side of the meatus urinarius, and gonorrheal infection is very apt to be carried along them into one or both of the glands. When these glands are infected there is very little tendency for them to recover, and the discharge from them will continue the infection of the urethra indefinitely. This condition can be easily

cured by freely opening the ducts, extending the incision well into the glands. The local application of a solution of cocain will make this little operation practically painless. After this any existing gonorrheal infection of the urethra can usually be cured in a short time by the application of a solution of one of the organic silver preparations or a weak solution of nitrate of silver. The female urethra will tolerate much stronger solutions of the nitrate than the male. These applications to the urethra are best made with a small syringe and should extend over the whole length of the canal.—*International Journal of Surgery.*

RELIEF OF PAIN IN GYNECOLOGICAL CASES.

Dr. G. Merkel has employed novaspirin as an anagelsic in gynecological and obstetrical practice for about one and one-half years. In cases of uterine cancer he administered the drug in doses of 0.5 to 2.5 gm. (8-40 gr.) pro die. In four the result was excellent, and in one the analgesic effect after 1.0 (15 gr.) extended over two days. It also acted promptly as a sedative. In peritonitic pains due to gonorrheal disease of the sexual organs, novaspirin acted well in doses of 0.5 gm. (8 gr.) twice daily (6 cases). It proved of eminent service in the menstrual colic of young girls, being administered as soon as there was the slightest pain in the sacral region or other prodromal symptoms of commencing menstruation; and even when the well-known nausea was present a dose of 1.0 gm. (15 gr.) prevented the further development of severe colic, or at the most another dose of 0.5 gm. (8 gr.) had to be administered after 4 hours (14 cases). In cases of uterine colic following applications to the endometrium, the use of novaspirin, 1.0 gm. (15 gr.), afforded relief of pain within 10 minutes. It is now the author's custom to give novaspirin regularly after childbirth to nursing women for the prevention of severe after-pains. In doses of 0.5 gm. (8 gr.), 2 or 3 times daily, it was found to produce a completely painless puerperium.—*International Journal of Surgery.*

USES OF OVARIAN EXTRACT.

The author points out that in some forms of dysmenorrhea, a condition which he attributes to a mild degree of hyperthyroidism, ovarian extract is of great value. It was also found useful in lactation, atrophy of the uterus, and in the flushes of the climacteric period, natural or artificial, especially if administration is begun early. In anemias, including genuine chlorosis, it also served well. Combinations of iron, arsenic, and ovarian extract are particularly useful in such cases; whenever iron is indicated the author gives ovarian extract with it. In amenorrhea, relative or absolute, he has found ovarian preparations the best remedy. They produce no untoward results and the main contraindication consists of profuse bleeding. He often combines ovarian extract with thyroid, especially to promote metabolism and encourage oxidation. The annoying symptoms sometimes produced by thyroid are often greatly diminished by the addition of ovarian extract.—S. Wyllis Bandler in *Archives of Diagnosis*, January, 1913).

THYROID TISSUE TUMOR OF THE OVARY.

George W. Outerbridge, Assistant Pathologist to the University of Pennsylvania (*American Journal of Obstetrics and Diseases of Women and Children*, December, 1913), reports (illustrated by a handsome colored plate), two cases of thyroid tissue tumor of the ovary. The tumor was removed by Dr. A. C. Wood. The history of the case, the operation and the tumor are given. After reviewing the literature of the subject and analyzing the cases reported so far, some fifty in number, Outerbridge comes to the following conclusions:

1. In certain ovarian tumors there occur areas of tissue which can not be distinguished histologically from that of the thyroid gland.
2. Between tumors which show a complex teratomatous structure, containing among numerous other elements a small amount

of thyroid tissue, and those composed solely of this, there is no sharp dividing line.

3. All these tumors are of similar genesis; they are teratomata, with varying degrees of suppression of the ectodermic and mesodermic elements.

4. The large majority of these tumors are clinically benign; the few which are malignant show, in most instances, areas of unmistakable irregularity in their cellular structure, or give other histologic evidendce of having assumed a destructive type of growth.

5. The thyroid tissue in the ovary is of no functional significance, at least in the vast majority of cases, and these growths give rise to no symptoms other than those which would be produced by any type of ovarian tumor of equal size.

6. The term "Teratoma thyroïdiale ovarii" is suggested as the most satisfactory designation for those tumors in which the thyroid tissue forms the dominant feature.

An extensive bibliography is given.—*The Lancet Clinic*.

RETROVERSION OF THE UTERUS AND THE DORSAL POSITION IN THE PUERPERIUM.

W. G. Gayler, after noticing the common lack of mention of the subject of posterior displacement of the uterus occurring without being caused by obstetrical injuries, says that a very few gynecologists are now adding a fourth cause, namely, the dorsal position during the puerperium. The uterus after delivery is more freely movable than at any other time and is large and heavy. It occurred to the author in delivering a woman who had previously had the round ligaments shortened for retroversion that it would be worth while not to put them under strain after delivery. He asks, "Are we ever justified in putting the recently delivered woman in the dorsal position? The uterus is then larger and heavier than at any time during the life of a woman, excepting before delivery, when a posterior position is impossible. The ligaments have not undergone involution and can not support the uterus. The normal bladder irritability is usually lacking for several days, often causing unsuspected bladder distention.

An overdistended bladder, more than anything else, will tend to push a uterus out of position. In short, it would seem that the dorsal position during the puerperium is the ideal condition for the production of retroversio uteri. There occur: (1) temporary weakened ligaments; (2) lack of any but ligamentary support; (3) exceedingly heavy and freely movable uterus. Practically all the textbooks on obstetrics ignore the position during the puerperium period, but some of the authors to whom the author has mentioned the subject promised to include it in future editions. The author believes that the dorsal position should be avoided unless proper drainage of the lochial discharge should demand it.—*Medical Record*.

TREATMENT OF DYSMENORRHEA.

Stolper has found atropin extremely valuable in curing the tendency to painful menstruation. He explains its efficacy as owing to its relaxing influence when the automatic nervous system is in a state of hypertonicity. The pronounced spasticity from vagal over-stimulation brings on pain at menstruation, and atropin wards this off or cures it. In a certain proportion of the cases, however, it seems absolutely ineffectual; his study of this refractory group showed that they all had one feature in common, namely, an unusually high blood-pressure. He now tests the blood-pressure as a routine measure before giving the atropin; if it is found within normal range, he gives the atropin and can count confidently on the desired response. If the blood-pressure is abnormally high there is no use in giving atropin; treatment must be directed to reducing the blood-pressure, and the cause must be sought and removed. It very frequently is found in the pelvis, a tumor or inflammation in one of the genital organs or chronic constipation causing local distribution in circulation. When the cause is removed the blood-pressure becomes normal and the dysmenorrhea either is conquered or then becomes amenable to belladonna. The women with dysmenorrhea which can be cured with atropin generally display other signs of vagotony.—*The Journal of the American Medical Association*.

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at \$1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

TENNESSEE ANTI-NARCOTIC LAW.

We append herewith the law bearing upon the sale, purchase, and dispensing of narcotic drugs by pharmacists and by physicians dispensing these drugs. The object of this law is certainly commendable in the extreme, for it has for its aim placing a ban upon the promiscuous use of narcotics which in this State as in all other parts of the country, has of recent years grown to an alarming extent. The ratio of drug users to the population bids fair to rival that of China where it has long been the national curse. It is a question as to which is the greater evil, the alcohol habit or the opium or cocaine addiction. That this law will work untold hardship upon opium and cocaine habitues in that these drugs can now only be procured along a line of red tape that is labyrinthine in its windings is easily conceived, that it entails upon the pharmacist an additional amount of work in the required registration of sales and purchases is obvious and that the prescribing physician is at a loss at times to figure out just "where he is at" so as to put him on safe ground where he will not violate the law, is readily apparent. In our interpretation of the law we really can not see how the physician who prescribes these drugs is affected. It is required that the prescription shall be dated, but it does not specify whether the date should be placed by him or by the druggist. We know of a physician of this city who was arrested recently on an indictment charging him with "dispensing and selling" heroin powders when we had only written a pre-

scription for this drug. We know of another instance in which a prescription for cough medicine had been turned down because it contained four grains of codeine as one of the ingredients. So we are at a loss to know how to regulate our prescriptions to conform to the law. It appears that the law applies principally to the country physician who doles out his own medicines, for it places him in the same class with the pharmacists so far as the distribution of this class of drugs is concerned. However defective this new law will prove to be in its workings we recognize its altruistic tendencies and trust that it may prove of good. The question is will it lessen the evil by the exercise of its rigorous requirements? While it puts obstacles in the way of obtaining the drugs from local dealers, it does not prevent users from procuring it from abroad—as in the State-wide prohibition laws it is difficult to obtain liquor at home, but interstate shipment is not interdicted and thereby it can be procured with little difficulty in this way. We hope the law will be productive of good and we shall watch its workings with the greatest interest.

TENNESSEE ANTI-NARCOTICS LAW.

CHAPTER II. FIRST EXTRA SESSION, ACTS 1913.

AN ACT to regulate the sale, barter, distribution, storing or giving away of opium, coca leaves, or any compound manufacture, salt derivative, or preparation thereof, and providing penalties for the violation thereof.

SECTION 1. *Be it enacted by the General Assembly of the State of Tennessee*, That on and after the taking effect of this Act, it shall be unlawful for any person in the State of Tennessee to sell, barter, distribute or give away any opium or coca leaves, or any compound, manufacture, salt, derivative or preparation thereof; provided, that this shall not apply:

Defining Manner of Sale.

a. To the dispensing or distribution of any said drugs to any patient by a physician, dentist or veterinary surgeon, registered

in the State of Tennessee under the provisions of the several Acts regulating the practice of their profession; provided, however, that said distribution or dispensing shall be in the course of his professional practice only, and that such physician, dentist, or veterinary surgeon shall personally attend such patient.

b. To the sale, dispensing, or distribution of any said drugs by pharmacists registered under the laws of the State governing the practice of the profession of pharmacy to a consumer under and in pursuance to a written prescription issued by a physician, dentist or veterinary surgeon of the standing mentioned in "a" above; provided, however, that such prescription shall be dated as of the day on which signed and shall be signed by the physician, dentist or veterinary surgeon who shall have issued the same.

c. To the sale or distribution of any of the aforesaid drugs by any wholesale druggist, dealer or jobber within the State to a retail dealer.

Defining Manner of Registration.

SEC. 2. *Be it further enacted*, That every wholesale or retail dealer shall keep in his place of business a registry, to be made in accordance with the rules and regulations hereinafter provided for; said registry shall plainly show all purchases made by said persons of the aforesaid drugs, date purchased, from whom purchased, and amount of said purchase. He shall likewise keep a registry which shall show all sales of said products, including the date on which sale is made, the amount sold and to whom sold. All retail dealers and pharmacists doing business pursuant to the terms of this Act shall likewise keep on file for a period of two years all prescriptions containing such drugs, which have been filled by them.

Said records of every character sha'll be open to inspection by all State and municipal officials who are charged with the enforcement of any law or municipal ordinance regulating the sale, prescribing, dealing in, or distribution of the aforesaid drugs. Physicians who shall dispense or distribute any of the aforesaid drugs provided by this Act shall keep a duplicate of all prescriptions issued by them for a term of two years, and said duplicates shall

be subject to inspection by any of the officers named in the preceding paragraph.

Possession of Presumptive Evidence.

SEC. 3. *Be it further enacted*, That the possession or control of any of the aforesaid drugs, by any persons other than those excepted in Section one (1) and two (2) of this Act shall be presumptive evidence of a violation of this Act; provided, that this section shall not apply to any employe of any person exempted as above, who has such possession or control by virtue of his employment, and not on his own account, or to any United States, State or Municipal officer, board or other authorities who or which has possession of any such drugs for purposes of investigation, enforcement of law, or otherwise; or to a warehouseman holding possession of same for a person exempted under the provision of this Act, or to common carriers engaged in transporting such drugs; provided further, that it shall not be necessary to negative any of the aforesaid exemptions in any complaint, information, indictment, or other writ or proceeding laid or brought under this Act; and the burden of proof of any such exception shall be upon the defendant.

SEC. 4. *Be it further enacted*, That the provisions of Section 2 above shall not apply to any person who keeps the records therein named in accordance with the laws of the United States as now existing, or which shall hereafter be made providing for such records.

SEC. 5. *Be it further enacted*, That the word "person" as used in this Act shall be construed to import the plural or singular, as the case demands, and shall include firms, corporations, companies, societies, and associations.

*Duties of Food and Drug Inspector and Secretary
State Board of Health.*

SEC. 6. *Be it further enacted*, That it is hereby made the special duty of the Pure Food and Drug Inspector and his duly appointed assistant inspectors and chemists to specially enforce the

provisions of this Act, and rules and regulations for its enforcement shall be made by the said State Pure Food and Drug Inspector, and the Secretary of State Board of Health.

SEC. 7. *Be it further enacted*, That any person who shall disclose any of the information contained in the registries, prescriptions or other records mentioned in this Act, except for the purpose of the enforcement of the provisions of this Act, or of enforcing any other law of the State or the ordinances of any municipality, shall be guilty of a misdemeanor, and shall, upon conviction thereof, be fined and imprisoned as hereinafter provided.

Making Exemptions.

SEC. 8. *Be it further enacted*, That the provisions of this Act shall not be construed to apply to the sale, distribution, giving away, or dispensing of preparations and remedies which do not contain more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one-twelfth of a grain of codeine, or any salt or derivative of any of them in one fluid ounce, or if a solid or semi-solid preparation, in one avoirdupois ounce; or to liniments, ointments, or other preparations which are prepared for external use only, except liniments, ointments, and other preparations which contain cocaine or any of its salts or alpha or beta eucaine, or any of their salts or any synthetic substitute for them; provided, that such remedies and preparations are sold, distributed, given away, or dispensed as medicines and not for the purpose of evading the intentions and provisions of this Act.

The provisions of this Act shall not apply to decocainized coca leaves, or preparations made therefrom or to other preparations of coca leaves which do not contain cocaine.

Retailers Stock Five Ounces of Five Per Cent Solution.

SEC. 8A. *Be it further enacted*, That no retail druggist or dealer shall have on hand at one time a stock greater than five ounces of cocaine or of tropa-cocaine, hollo-cocaine, novo-cocaine, alpha eucaine, beta eucaine, and if the stock on hand of any one

of said substances shall be as much as five ounces none of the other substances shall be kept on hand at the same time. Said drugs shall not be sold in the flake or crystal form, but in solution only, which said solution shall not be stronger than five per cent.

Providing Punishment for Violations.

SEC. 9. *Be it further enacted*, That any person violating any of the provisions of this Act shall be guilty of a misdemeanor, and on conviction thereof for the first offense, shall be punishable by a fine of not less than \$50.00 nor more than \$100.00, and for the second offense by a fine of not less than \$100.00 nor more than \$500.00, and by imprisonment for thirty days in the county workhouse. It shall be the duty of the Circuit and Criminal Court Judges of this State to give the provision of this Act in special charge to the grand jury, and the grand jury shall have and exercise inquisitorial power over any violation of this Act, and no prosecutor shall be required for an indictment against a person for violating the provisions of this Act.

SEC. 10. *Be it further enacted*, That all laws and parts of laws in conflict herewith shall be and the same are hereby repealed, and this Act shall take effect from and after January 1, 1914, the public welfare requiring it; provided, however, that nothing contained in this Act shall be construed to impair, alter, amend, or repeal any of the provisions of Chapter 297 of the Acts of 1907, or any amendments thereto.

Passed September 22, 1913.

NEWTON H. WHITE,
Speaker of the Senate.

W. M. STANTON,
Speaker of the House of Representatives.

Approved September 25, 1913.

BEN W. HOOPER,
Governor.

A true copy—Attest:

R. R. SNEED,
Secretary of State.

The Governors of the New York Skin and Cancer Hospital announce a course of clinical lectures and demonstrations in the Out-Patient Hall of the hospital on the following afternoons, at 4:15 o'clock:

"Syphilis," by Dr. Bulkley.

April 1—Primary lesions, genital and extra-genital—Innocent syphilis.

April 8.—Early manifestations of syphilis.

April 15—Late manifestations of syphilis.

April 22—Marital and hereditary syphilis.

April 29—Treatment of syphilis.

"Cancer," by Dr. William Seaman Bainbridge.

April 30—Some practical phases of the cancer problem.

The lectures will be illustrated by cases, models, colored plates, photographs, etc.

The course will be free to the Medical Profession, on the presentation of their professional cards.

F. HAAS,

Chairman of Executive Committee.

March 1, 1914.

"At a recent meeting of the Tri-State Medical Society of the Carolinas and Virginia, Dr. E. C. Register, who has been editor of the well-known Charlotte Medical Journal for twenty-five years, was elected President."

The Index Office which has recently been established in Chicago intends to make a specialty of serving the medical profession by undertaking to supply—

Exhaustive or selected bibliographies of medical subjects, translations or abstracts of articles or monographs, copies, photographic or otherwise, of manuscript, printed or illustrative material.

Special attention will be paid to discretionary research and investigations in the libraries of Chicago and other cities.

The office also intends to bring investigators in touch with the work of others in the same lines of research.

Located in the city of great libraries, the office will be in posi-

tion to undertake quite extensive investigations without going outside the locality of its headquarters. It is the intention of the Board of Trustees, however, to establish connections in the other great library centers of the world.

Dr. Baynard Holmes, surgeon and medical writer, is President of the office, Aksel G. S. Josephson, Cataloguer of the John Crerar Library, is Secretary and directing officer. The office is located at 31 West Lake Street, Chicago.

SANITATION IN INDIA.

Surely no country needs sanitation as does India. It was therefore that the writer felt like congratulating himself when he read of the meeting of the All-India Sanitary Congress at Lucknow, January 19-23, and here I was only a few miles away. During the time I was in India the health reports gave from five to six thousand deaths from Bubonic Plague a month. This, with cholera Asiatica and smallpox are practically always epidemic in India. During our recent visit at Bangalore we found that cholera, bubonic plague and smallpox were all epidemic. As if this were not enough, about twenty soldiers were bitten by a pet monkey and one of them died of hydrophobia and the rest were sent off to a Pasteur institute. All of this did not create as much excitement as I have known one case of smallpox to do in Cincinnati. Bangalore should be a healthy town. Four thousand feet above the sea level, it has a pretty comfortable climate. The hygiene in India is bad, absolutely bad. It is supposed to rain every Christmas here, but forgot this year, therefore the ever-present dust was more in evidence than ever. Underground drainage is unknown. The pail system for the disposal of the offal of the inhabitants is in vogue. Many of them have no pails. The water in many places is not fit to drink nor the food to eat, and dust, germ-laden dust flying everywhere. What wonder is it that gray hair is scarce in India.—*E. S. McK.*

INDIAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

It has been the writer's good fortune to attend during the past year the American Association for the advancement of Science, and the British Association for the Advancement of Science. It was therefore with much pleasure that I noted that the meeting of the Indian Congress of Science was set for January 15, 1914, during my visit to India. This was the first meeting of this congress and was presided over by the Hon. Justice Ashutosh Mukerjee. The suggestion and preliminary organization of the Congress was due to Prof. McMahon of Lucknow Canning College and Prof. Symonson of the Madras Presidency College. The attendance was good and the Congress was established on a firm footing. It is hoped that it will continue to be a success and that it will be the means of much good in India, a country and a people so much in need of help. Among the many valuable papers presented I will take up your time and space with the mention of but two. Professor Jackson read a paper on forecasting the weather in which he made the claim that in fifty years we would as easily and surely forecast the weather for three months ahead as we do now for 24 hours. Mr. D. Hooper read on the Hot Springs of India and their medicinal value. The president's address was full of thought.—*E. S. McK.*

BUBONIC PLAGUE—TRANSMISSION.

A touching, teaching incident occurred in India recently. The little girl of the U. S. Counsel had a little pet, Don, an Italian greyhound. The little girl, Helen, was just emerging from babyhood to girlhood; the dog was just leaving his puppyhood. They made a lively pair. Don was young and tender and the fleas dearly loved him. One of his little mistresses daily duties doubly disliked by both of them was to wash Don free of fleas. One day she had just about finished this task when with many a squirm Don broke away from her, dashed across the court and caught

a rat which he proceeded to chew and shake fit for an old rat dog. When through and his mistress was able to catch him again she found him again covered with fleas from the rat he had just killed. She proceeded again to wash him free from fleas. Some of the fleas to escape the bath jumped on her and bit her. Relating the incident to her mother, said. "This is the first rat Don ever caught. How in the world did he catch it." The daughter said: "It must have been a very old rat for it could hardly run." It was a rat hunting a quiet place in which to die of bubonic plague and the little girl was one of the frightful 80 per cent mortality from bubonic plague. This is one of the reasons why in India we see placarded how the rats carry the plague, and why, when a rat is found dead not from violence the health officer is notified, and the pathologist holds a postmortem to see if the cause of death was bubonic plague.—*E. S. McK.*

MEDICAL INTERNE. GOVERNMENT HOSPITAL
FOR THE INSANE.

April 8, 1914.

The United States Civil Service Commission announces that senior students of reputable colleges will be admitted to the open competitive examination for medical interne in the Government Hospital for the Insane, to be held on April 8, 1914, upon filing applications showing them to be otherwise eligible, but in the event they attain an eligible average in the examination their names will not be entered upon the eligible register until they have furnished proof of actual graduation from such colleges.

Issued March 14, 1914.

OBITUARY.

Roswell Park, sixty-two, of Buffalo, N. Y., surgeon of world-wide note, and one of the four surgeons who attended President McKinley after he had been shot by Leon Czolgosz, died sud-

denly at his home, February 15, from an attack of heart failure. Born in Pomfret, Conn., May 4, 1852, Dr. Park showed an early inclination to study medicine. He was the son of Rev. Roswell Park and Mary Baldwin Park. He received his degree of bachelor of arts in 1872, at Racine College, Racine, Wis., an institution founded by his father. Later he won a degree of master of arts and was graduated from the Rush Medical College in Chicago.

Dr. Park's first professional effort was teaching. He accepted the appointment of demonstrator in anatomy at the Woman's Medical College, Chicago. He held this position from 1877 to 1879, when he was called to the Chicago Medical College to take the chair of adjunct professor of anatomy. He taught there until 1882. In 1880, Dr. Park married Martha Durkee, of Chicago. After her death, in 1889, he traveled abroad, his aim being to get a keener insight into surgical and medical affairs. Dr. Park, in going to Buffalo, was made surgeon of the General Hospital, and in 1910 became chief surgeon, an office which he held until death.

Dr. Park had held executive offices in leading medical and surgical societies of the world. He was a member of the French, German and Italian surgical societies, a rare distinction. He was a former president of the American Surgical Association, former president of the Medical Society of the State of New York, and at one time president of the American Association for the Advancement of Science. Among the other offices he held were: Non-resident professor at Army Medical College, Washington; first lieutenant in Medical Reserve Corps, United States Army, and surgeon of the Fourth Brigade, N. G., New York, from 1884 to 1893. He was a former president of the Buffalo University and Saturn clubs, a member of the Park Club and a life member of the Buffalo Fine Arts Academy and the Historical Society. He belonged, too, to the University Club of New York, and the Army and Navy Club at Washington.

Dr. Park was a many-sided man. His interest in music was dominant. He took an important place in the musical life as soon as he made Buffalo his home. Piano composition was his one

great recreation. All of his selections reveal musical genius as remarkable as his surgical dexterity.

His interest in science did not stop at medicine, however. He delved into all the sciences, and possessed a knowledge of physics and chemistry infinite enough to warrant his accepting a chair of either subject at a university. His knowledge of radium and its utilization was authoritative. In fact, for many years he was the possessor of the only radium in Buffalo.

On the question of cancer, Dr. Park was just as great an authority. He founded the Gratwick laboratory and was instrumental in starting the state institution for the study of malignant diseases. He was head of the board of trustees of this institution for many years.

As an author, Dr. Park was known in the medical profession of ten nations as a most tireless worker and writer in the cause of surgery. His first book was a compilation of lectures delivered at Philadelphia, entitled "Mutter Lectures." This appeared in 1891. His second work was "Lectures on History of Medicine," delivered before the University of Buffalo and published in 1895. In 1896 came "The History of Dentistry," followed by "Surgery by American Authors" in 1896. By far the greatest work, however, is "Modern Practice of Surgery," a 1,200 page volume published in 1907. Dr. Park's last book was called "The Evil Eye," a series of essays published in 1913. -*Lancet-Clinic*.

Book Notices and Publishers Department omitted from this number on account of press of matter.

Attention is called to the EXCELLENCE and VALUABLE THERAPEUTIC PROPERTIES of these PREPARATIONS

NUTRITIVE. TONIC. ALTERATIVE.

R Each fluidounce contains:

| | | | | |
|----------------|------------|-------|------|--------|
| Hypophosphites | Soda | - - - | 2 | grains |
| " | Lime | - - - | 1½ | " |
| " | Iron | - - - | 1½ | " |
| " | Quinine | - - | ¾ | " |
| " | Manganese | - | 1½ | " |
| " | Strychnine | - | 1-16 | " |

Dose—One to four fluidrachms.

6 oz. Bottles, 50 Cents.
Pint Bottles, \$1.00.

This preparation does not precipitate—retains all the salts in perfect solution.

**Pure Concentrated Pepsin combined
with Pure Lime Juice.**

An exceedingly valuable Combination
in cases of Dyspepsia, Indigestion, Bil-
iousness, Heartburn and Mal-Assimila-
tion.

APERIENT AND CHOLAGOGUE.

Impaired Digestion is the consequence of a sedentary life, coupled with nervous and mental strain.

Reliable Pepsin is one of the best **DIGESTIVE** agents known. **Pure Lime Juice** with its **APERIENT** and **CHOLAGOGUE** characteristics with the **Pepsin** furnishes a compa'ble and most efficient combination as a remedy for the disorders named.

Robinson's Lime Juice and Pepsin is PALATABLE and GRATEFUL to the taste.

DOSE—Adult, dessertspoonful to table-spoonful, after eating. Children one-half to one teaspoonful, according to age.

PRICE, 6 oz. Bottles, 50 Cents.
16 oz. Bottles, \$1.00.

A Modified and Improved Form of Chemical Food.

A SOLUTION of the Phosphates of Iron, Sodium, Potassium and Calcium, in an excess of Phosphoric Acid.

Each fluidounce represents:

| | | |
|------------------|-----------|-----------|
| Phosphate Sodium | - - - - - | 12 grains |
| " Potassium | - - - - - | 4 " |
| " Calcium | - - - - - | 4 " |
| " Iron | - - - - - | 2 " |

FREE Monohydrated Phosphoric Acid 16 grains.

Each fluidounce is approximately equal to (30) thirty grains of Monohydrated Phosphoric Acid, FREE AND COMBINED.

Unsurpassed in excellency and palatability.

An invaluable remedy in the treatment of

Nervous Exhaustion, Incipient Paralysis, Deranged Digestion, Melancholia, General Debility, Renal Troubles, Etc.

DOSE.—The average dose is a dessertspoonful (2 fldrs.) diluted with water, to be taken immediately before, during or after meals.

PINTS, \$1.00

10 PER CENT.

Hypnotic, Sedative Anodyne Diuretic.

INDICATIONS. *Sleeplessness, Irritability, Nervousness, Headache, Colic, Etc.*

In doses of 45 grains, it calms restlessness and insomnia, and procures unbroken sleep of from four to seven hours duration, leaving behind neither languor, nausea, nor digestive disorders. It is proposed as possessing the good without the evil qualities of Chloral.

Our Elixir contains 45 grains of the Paraldehyd in each fluidounce, dissolved in an aromatic menstruum whereby the objectionable taste of the chemical is to a great extent disguised, and the preparation rendered palatable.

DOSE—10 per cent 2 to 8 flniddrachms.

PINT BOTTLES, \$1.50.

N. B.—We also make *25 per cent* strength.

PRICE PER PINT, \$2.00.

WE NOW MAKE

FLEXNER'S

Solution Albuminate of Iron. { Pints, \$1.00
Syrup Albuminate of Iron Comp. {

Syrup Albuminate Iron and Strychnine, }
Solution Albuminate Iron and Strychnine, } Half Pints, \$1.00
Syrup Albuminate Iron with Quinine and Strychnine }

Please specify **ROBINSON'S** Original Bottles. For sale by Druggists.

ROBINSON-PETTET CO.,

(INCORPORATED)
Manufacturing Pharmacists

LOUISVILLE, KY

Founded 1842. Incorporated

Pamphlets gratis to Practitioners by Mail upon request

SAND & SUMPTER DRUG CO. PHARMACISTS

CORNER UNION STREET AND FIFTH AVENUE, NORTH

**Prescriptions Carefully Compounded
Surgical Dressing Supplies**

DEPOSITORY FOR

E. R. SQUIBB & SON'S PREPARATIONS

OUT OF TOWN ORDERS PROMPTLY ATTENDED TO

Written Endersements From More Than 8000 Physicians.

VIN MARIANI INTRODUCED NEARLY HALF A CENTURY AGO

"The preparation which made Coca known as a remedy!"

**Priority, Facilities and Processes of Manufacture Maintain
Mariana Coca Preparations Inimitable.**

AVOID "COCA WINES" Extemporaneously made with **Cheap Wines and Cocaine**
Substitutes harm patients and betray confidence in the unique properties of Coca.

VIN MARIANI

Represents TRUE COCA with a Sound Nutritous FRENCH WINE.

An Adjutant to all other Remedies in

Convalescence—Wasting Diseases—Neurasthenia

**And Allied Conditions
from any cause.**

Inquiries from Physicians Receive Ethical Considerations.

MARIANI & CO.,

52 West 15th Street, New York

Laboratories: Neuilly Sur-Seine, FRANCE.

THE COCA LEAF

A PERIODICAL ADVOCATING
THE RATIONAL USES OF COCA
MAILED FREE
TO PHYSICIANS ON REQUEST

PARIS

LONDON.

BERLIN.

MONTREAL.



THE CINCINNATI SANITARIUM

FOR MENTAL AND NERVOUS DISEASES

A strictly modern hospital fully equipped for the scientific treatment of all nervous and mental affections.

Situation retired and accessible. For details write for descriptive pamphlet.

F. W. LANGDON, M.D., Medical Director
B. A. WILLIAMS, M.D., Resident Physician
EMERSON A. NORTH, M.D., Resident Physician
GEORGIA E. FINLEY, M.D., Medical Matron
H. P. COLLINS, Business Manager

BOX No. 4

COLLEGE HILL

CINCINNATI, OHIO

Iodinized Emulsion (SCOTT)

THE IDEAL, INTESTINAL, ANTISEPTIC.
Indicated in Typhoid and other slow fevers.
Dysentery, Chronic Diarrhoea and gastro-intestinal troubles.

Creosotonic (SCOTT)

THE IDEAL, SYSTEMIC ANTISEPTIC.
Invaluable in Tuberculosis, Bronchitis,
Pneumonia, Asthma, Catarrh and as a tonic
after all exhausting diseases.

Samples and Literature free on request.

The Dawson Pharmacal Company, Incorporated. Dawson Springs, Kentucky.

NEW ORLEANS POLYCLINIC

Post Graduate Medical Department Tulane University of Louisiana. Twenty-seventh Annual Session opens September 29, 1913, and closes June 6, 1914

Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work. For further information, address:

CHAS. CHASSAIGNAC, M. D., Dean.

NEW ORLEANS POLYCLINIC
NEW ORLEANS, LA.

Postoffice Box 797

Tulane also offers highest class education leading to degrees in Medicine, Pharmacy, Dentistry, Hygiene and Tropical Medicine

The Nashville Journal of Medicine and Surgery



*This standard publication has just entered upon its
108TH volume. The attention of the medical
profession is called to improved appearance, and
to the better character of its contents. : : : : :*



***Physicians who desire to read a live, PROGRESSIVE
MEDICAL JOURNAL, will do well to avail themselves of
the low subscription price at which this excellent period-
cal is offered.***

A Handsome Premium to New Subscribers A CLINICAL THERMOMETER FREE

To all new subscribers who will send \$1.00 for one years subscrip-
tion to the Journal from date, we will send a reliable clinical thermometer
in nickel case, with pin and chain attached. This offer good as long as
the supply lasts. Fill out coupon attached and mail at once, so as to get
advantage of this offer.

**Find enclosed \$1.00 for which send the Journal
and Thermometer to**

Dr. _____

Town _____

County _____

State _____



MELLOW
AS
MOONLIGHT

CASCADE

Free Samples — Express Prepaid That You May Know The Purification of Whisky

**PURE
WHISKY**

That you may know how far we go in striving for medicinally perfect whisky, we want to send you three samples.

Sample number one will be a small bottle of CASCADE immediately after distilling and before undergoing our special purification processes. Practically all makers of whisky, barrel their product at this stage, place it in storage, and consider it a finished product. All new whisky is white in color, before storage in charred oak barrels.

Sample number two will be a small bottle of CASCADE after purification and before it is barrelled and placed in storage for aging. No other whisky is so mild and soft at this stage, hence cannot be as pure and mellow as this is after aging, by storing in charred barrels for a period of years. Compare this sample with No. 1. Note striking difference. How much milder and smoother.

Sample Number three will be a small bottle of CASCADE after purification and "time aging"—the same CASCADE that is bottled and sold ready for use—CASCADE Pure Whisky. Send us your shipping address, written on one of your prescription blanks or letter heads, and we will be pleased to send you, without charge, EXPRESS PREPAID, these THREE SAMPLES.

1-M

May we have the pleasure of your request for samples?

GEO. A. DICKEL & CO., Distillers, Nashville, Tenn.

An Effective Alterative

rapidly readjusts bodily processes by correcting perverted functions and re-establishing normal metabolic activity. It is the capacity of

IODIA

in this direction—its well known ability to restore a proper balance between tissue waste and tissue repair that makes it of such pronounced therapeutic value in RHEUMATISM, GOUT, the SCROFULOUS DIATHESIS, LATE and HEREDITARY SYPHILIS, CHRONIC SKIN DISEASES, GOITRE and CHRONIC DISEASES IN GENERAL. For many years IODIA has been the standard tonic alterative, and the uniformly satisfactory results careful discriminating physicians have obtained in treating the strumous disorders of all ages, have proven beyond all doubt that this eligible remedy is unsurpassed in its field of activity.

BATTLE & CO.

PARIS

ST. LOUIS

LONDON

Obstetrical Charts in colors, sent on receipt of 25c postage paid. Ready for delivery

6 LIGHTNING SHOTS

That's what you get if you use the Stevens Repeating Shotgun No. 520.

The repeating action is so simple that you can work it with only your thumb and finger.

No matter how fast you pump this gun you cannot possibly balk or clog it.

The empty and the loaded shells travel by two separate routes. There is no chance for them to meet and jam.

If your dealer hasn't it, we will send, express prepaid, on receipt of List Price, \$27.00.

Points for the Sharpshooter, Hunter and Trapshooter

Write us and tell us what kind of shooting you are most interested in and we will write a letter of advice with many valuable pointers for the Hunter and Sharpshooter. We will give you short cuts to expert marksmanship, which will not only make you a better shot than you already are but will cut down your ammunition bills as well.

**J. STEVENS
ARMS & TOOL CO.
DEPT. S.**

**The Factory of Precision
Chicopee Falls, Mass.**

**LIST PRICE
\$ 27**



McCALL PATTERNS

Celebrated for style, perfect fit, simplicity and reliability nearly 40 years. Sold in nearly every city and town in the United States and Canada, or by mail direct. More sold than any other make. Send for free catalogue.

McCALL'S MAGAZINE

More subscribers than any other fashion magazine—million a month. Invaluable. Latest styles, patterns, dressmaking, millinery, plain sewing, fancy needlework, hairdressing, etiquette, good stories, etc. Only 50 cents a year (worth double), including a free pattern. Subscribe today, or send for sample copy.

WONDERFUL INDUCEMENTS

to Agents. Postal brings premium catalogue and new cash prize offers. Address

THE McCALL CO., 238 to 248 W. 37th St., NEW YORK

Cerebral Sedation

is not infrequently the first and most essential detail of scientific therapeutics, and on its prompt, effective and safe accomplishment a patient's welfare is often wholly dependent. With so much therefore at stake, the selection of the hypnotic or sedative agent to be used is invariably a matter of more than ordinary importance. The preference usually given by painstaking practitioners to

BROMIDIA

is the logical result of its well established efficacy in reducing hyper-activity of the cerebral circulation, controlling mental excitation and producing sleep that is normal, restful and recuperative.

The **exceptional quality of its ingredients**, its **absolute purity**, **constant uniformity** and **non-secrecy** are details that have helped Bromidia to hold its widely recognized position during the past thirty years, as **the safest and most dependable hypnotic** at the command of the medical profession.

BATTLE & CO.

ST. LOUIS

LONDON

PARIS

The Latest Word on Pellagra

PELLAGRA

ETIOLOGY, PATHOLOGY, DIAGNOSIS, TREATMENT

By **STEWART R. ROBERTS, A. B., M. Sc., M. D.**

Associate Professor of Principles and Practice of Medicine, Atlanta College of Physicians and Surgeons; Neurologist to Wesley Memorial Hospital, Atlanta, Georgia.

250 Royal Octavo Pages-Illustrated-Price, \$2.50

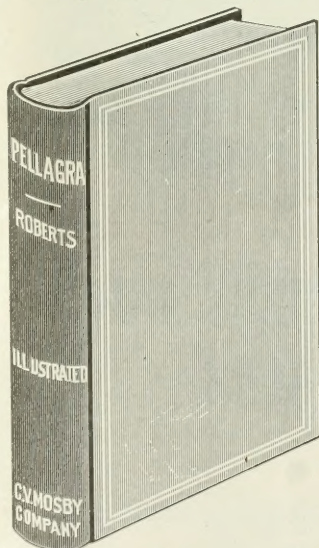
No other disease is so dreaded today as Pellagra. The meager knowledge obtainable about its etiology and the uncertain methods of treatment hitherto prevailing have caused it to be feared by all who are familiar with its ravages. For the first time in its history some tangible facts have been worked out along the line of etiology, and rational methods of treatment have been determined. Doctor Roberts has studied this disease in all its phases in America, and at the present time is completing personal observations of the disease in its natural habitat, Italy, working out the mooted points of etiology and pathology with the experts of Europe. Personal investigations have been conducted in the laboratory and in the homes of the stricken victims. It is needless to say that this monograph will be the latest word on this subject and will bear the stamp of authority.

This Book will be Ready for Distribution January 1, 1912.

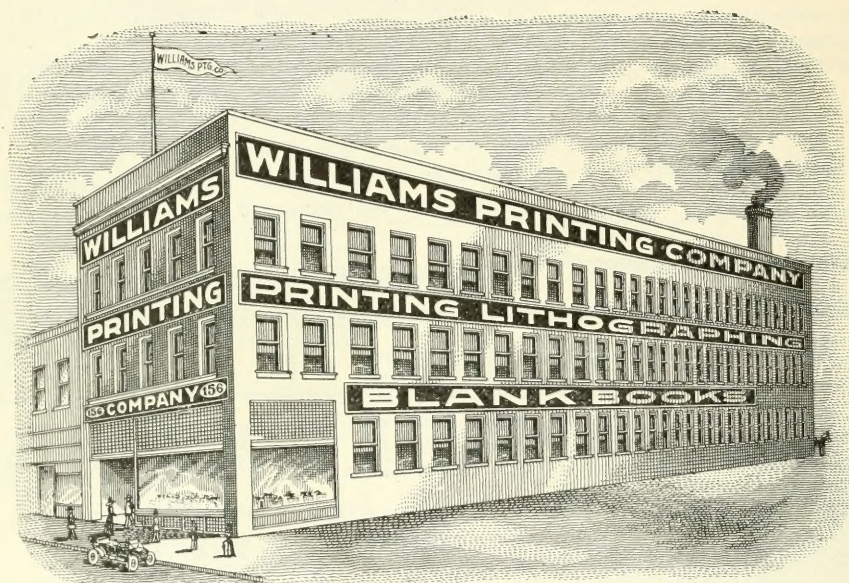
C. Y. MOSBY MEDICAL BOOK AND PUBLISHING COMPANY

METROPOLITAN BUILDING, Grand Avenue and Olive Street,

ST. LOUIS, U. S. A.



Williams Printing Company

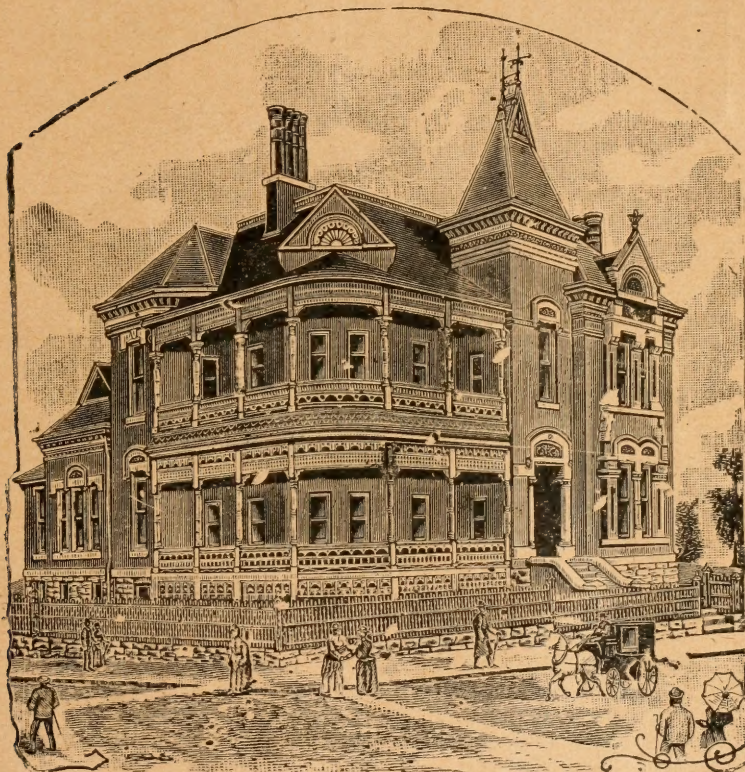


PRINTERS, LITHOGRAPHERS AND
BLANK BOOK MAKERS

156 Fourth Avenue, N. Nashville, Tennessee

The Briggs Infirmary

FOR THE TREATMENT OF SURGICAL DISEASES



THIS INSTITUTION is located in the central part of the city, easily accessible by several lines of electric cars. Separate buildings for male and female patients, rooms well ventilated handsomely furnished and supplied with all the conveniences of modern hospital establishments. Excellent cuisine and competent trained nurses. The operating rooms are equipped with all the requisites of modern operative surgery. Rates of board reasonable. Twenty-Second season opened September 10, 1913. For further information address—

CHARLES S. BRIGGS, A. M., M. D.,

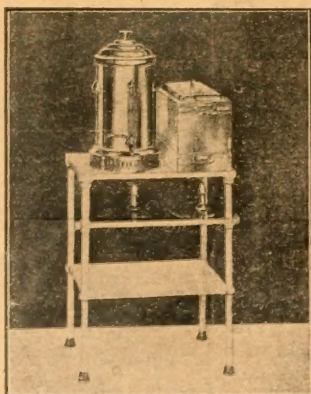
Or SAMUEL S. BRIGGS, M. D.,

Fellows_Syrupus Hypophosphitum

Quadraginta per annos et a medicis et ab
aegris orbis terrarum totius probatus

Compositio sui generis neque imitabilis

Reject < Cheap and Inefficient Substitutes
Preparations "Just as Good"



EVERYTHING FOR SICKROOMS

153 Fourth Avenue, North
NASHVILLE, TENN.

WRITE FOR PRICES

Theo. Tafel Co.

W. E. ENGLERT, Prop.

SURGICAL INSTRUMENTS; HOSPITAL SUPPLIES,
SUPPORTERS AND TRUSSES

